2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 403590

1. Entity Name

BEAUTY CAREERS TRAINING CENTER, INC.



FILED Apr 19, 2007 08:00 AM Secretary of State

Principal Place of Business

864 W JOHN SIMS PARKWAY NICEVILLE, FL 32578-1821 Mailing Address

864 W JOHN SIMS PARKWAY NICEVILLE, FL 32578-1821



02272007 DO NOT WRITE IN THIS SPACE

No Chg-P

CR2E034 (11/05)

4. FEI Number 59-1411844 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

NEWSOME, ANN 1722 PINE AVENUE NICEVILLE, FL 32578

DO NOT WRI IN THIS SPACE

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent.						
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE						
FIL After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Final Trust Fund Contribution.		May Be to Fees		`
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CITY-ST-ZIP	NICEVILLE, FL					
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

NAME STREET ADDRESS CITY-ST-ZIP