

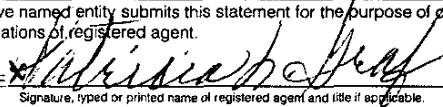
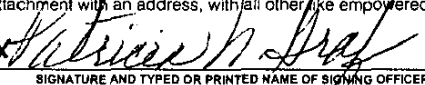


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2006 8:00 am
Secretary of State

03-16-2006 90238 009 ***150.00

DOCUMENT # 404102 1. Entity Name VILLAGE BEAUTE NOOK, INC.																													
Principal Place of Business 12137 U.S. HWY 19 HUDSON, FL 34667 US				Mailing Address 12430 CINNAMON LANE HUDSON, FL 34669 US																									
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 9133 JIMINEZ DRIVE Suite, Apt. #, etc.																											
City & State Zip Country		City & State HUDSON, FL Zip Country 34669		4. FEI Number 59-1457898																									
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable																									
6. Name and Address of Current Registered Agent GRAF, PATRICIA N 12430 CINNAMON LANE HUDSON, FL 34669				7. Name and Address of New Registered Agent Name GRAF, PATRICIA N. Street Address (P.O. Box Number is Not Acceptable) 9133 JIMINEZ DRIVE City HUDSON FL Zip Code 34669																									
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 Florida. I am familiar with, and accept the obligations of, registered agent. SIGNATURE  DATE X 3-14-06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																													
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																										
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">NAME</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>GRAF, PATRICIA N</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>12430 CINNAMON LANE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>HUDSON, FL 34669</td> <td></td> </tr> </table>			TITLE	NAME	<input type="checkbox"/> Delete	NAME	GRAF, PATRICIA N		STREET ADDRESS	12430 CINNAMON LANE		CITY-ST-ZIP	HUDSON, FL 34669		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">NAME</td> <td style="width: 20%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>9133 JIMINEZ DRIVE</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>HUDSON, FL 34669</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			TITLE	NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	9133 JIMINEZ DRIVE		STREET ADDRESS	HUDSON, FL 34669		CITY-ST-ZIP		
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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.																													
SIGNATURE:  PATRICIA N. GRAF X 3-14-06 727-862-2702 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																													