

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98000004497

FILED
Apr 30, 2005
Secretary of State

Entity Name: LA RUE'S ARTIST MANAGEMENT, INC.

Current Principal Place of Business:

105 W. WHEELER RD.
SEFFNER, FL 33584

New Principal Place of Business:

Current Mailing Address:

105 W. WHEELER RD
SEFFNER, FL 33584

New Mailing Address:

FEI Number: 59-3520569

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

THOMAS, TONYA
TOTAL MASTERS BEAUTY SALON
1413 TAMPA PARK PLAZA
TAMPA, FL 33605 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: REYNOLDS, JACQUELINE A
Address: 105 W. WHEELER ROAD
City-St-Zip: SEFFNER, FL 33584

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP () Change (X) Addition
Name: GILMORE, TERRANCE
Address: 803 E. NEW ORLEANS AVE.
City-St-Zip: TAMPA,, FL 33603

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JACQUELINE REYNOLDS

P

04/30/2005

Electronic Signature of Signing Officer or Director

Date