

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)


FILED
Feb 20, 2006 8:00 am
Secretary of State

02-20-2006 90041 022 ***150.00

DOCUMENT # J96865

1. Entity Name

ENZYME BEAUTY & HEALTH PRODUCTS OF HAWAII, INC.



Principal Place of Business

**4601 E. HWY 100
 UNIT I-7
 BUNNELL FL 32110
 US**

Mailing Address

**P.O. BOX 1869
 FLAGLER BEACH FL 32136
 US**

2. Principal Place of Business

4601 E. Hwy 100

Suite, Apt. #, etc.

Unit I-7

3. Mailing Address

Suite, Apt. #, etc.

City & State

Bunnell, Fl.

City & State

Zip


32110

Country

U.S.

Zip

Country



1st MOORE CR2E034 (10/05)

4. FEI Number **59-2782048**

Applied For Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**DICIANNI, MARGARET L
 1205 S. FLAGLER AVE.
 FLAGLER BEACH FL 32136**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

B. 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	MURZYN, JOHN	
STREET ADDRESS	800 LEILANI	
CITY-ST-ZIP	HILO HI 96720	
TITLE	TS	<input type="checkbox"/> Delete
NAME	DICIANNI, MARGARET L	
STREET ADDRESS	1205 S. FLAGLER AVE.	
CITY-ST-ZIP	FLAGLER BEACH FL 32136	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	V.P. Murzyn, John	
STREET ADDRESS	800 Leilani	
CITY-ST-ZIP	Hilo, HI, 96720	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 Margaret L. Diciani DATE 2-06-06 DAYTIME PHONE # 386-586-0081

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR