2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L06000097213

1. Entity Name

BEAUTY SENSATIONS, LLC

Principal Place of Business Mailing Address

1860 N. FT. HARRISON AVENUE

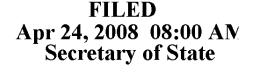
STE 305 CLEARWATER, FL 33755

1860 N. FT. HARRISON AVENUE

STE 305

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

CLEARWATER, FL 33755





04172008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 20-5655626 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

BARTHOLOMEW, THERESA 861 CHRISTINA CIRCLE OLDSMAR, FL 34677

the obligations of registered agent.

SIGNATURE:

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| SIGNATURE. | Signature, typed or printed name of registered bigent and bitle if applicable. (NOTE: | Registered Agent signature required when reinstating) DATE |
|--|---|--|
| FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 | | |
| 9. | MANAGING MEMBERS/MANAGERS | , |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR BARTHOLOMEW, THERESA 861 CHRISTINA CIRCLE OLDSMAR, FL 34677 | U00000918252 .05/13/08-80073-022 138.75 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR BARTHOLOMEW, JOHN 859 CHRISTINA CIRCLE OLDSMAR, FL 3 | |
| TITLE NAME STREET ADDRESS CITY+ST-ZIP | MGR BROWN, SUSAN 2511 DEER RUN E. CLEARWATER, FL 34671 | DO NOT WRITE |
| TITLE NAME STREET ADDRESS CITY+ST-ZIP | | IN THIS SPACE |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | a come a manage of from parties and fine for any of the common of the co |
| 11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608. Florida Statutes. | | |

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