


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 18, 2005 08:00 AM
Secretary of State

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| DOCUMENT # M01000000542 1. Entity Name BAI STORES, L.L.C. |  |
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| Principal Place of Business 168 N. MERAMEC, STE. 400 SAINT LOUIS, MO 63105 | Mailing Address 168 N. MERAMEC, STE. 400 SAINT LOUIS, MO 63105 |
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01042005No Chg-LLC CR2E083 (10/03)

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| 4. FEI Number 91-2062018 | Applied For Not Applicable |
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| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 |
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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

**Filing Fee is \$50.00
Due by May 1, 2005**

| 9. MANAGING MEMBERS/MANAGERS | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM BEAUTY ALLIANCE, INC. 1901 ULMERTON ROAD, SUITE 225 CLEARWATER, FL 33762 |
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.

By: Beauty Alliance, Inc., Philip G. Kaplan, Ass't. Secretary

SIGNATURE: Philip G. Kaplan 1/4/2005 314-863-0800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #