2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N0000001827

YONCE, DENNIS

1755 NE 165TH ST

CITRA, FL 32113

Name:

Address:

City-St-Zip:

FILED Apr 23, 2009 Secretary of State

Entity Na	me: KEEP MA	ARION BEAUTIFUL, INC.			
Current Principal Place of Business:			New Principal Pla	New Principal Place of Business:	
961 NE 7T OCALA, FI					
Current Mailing Address:			New Mailing Addr	New Mailing Address:	
PO BOX 6 OCALA, FI					
FEI Number	: 59-3387357	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired (X)	
Name and	Address of (Current Registered Agent:	Name and Address	Name and Address of New Registered Agent:	
961 NE 7T OCALA, FI	L 34470 US	3			
	named entity e of Florida.	submits this statement for the pu	urpose of changing its registe	ered office or registered agent, or both,	
SIGNATUR	RE:				
Electronic Signature of Registered Agent			nt	Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHAN	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	DC (WUESTENHAG 961 NE 7TH ST OCALA, FL 34	T '	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D (SLIFER, DENN 5601 SE 66ST OCALA, FL 34		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D (WILEY, GREG 111 SE 25TH A OCALA, FL 34	WE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title:	D () Delete	Title:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: ROBERT WUESTENHAGEN 04/23/2009 DC