2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 04, 2007 08:00 AM
Secretary of State

DOCUMENT # N05000002594

1. Entity Name
SOURCE OF BEAUTY GLOBAL ENTERPRISE, INC.

Principal Place of Business	Mailing Address
532 N MARION AVENUE LAKE CITY, FL 32055 US	532 N MARION AVENUE LAKE CITY, FL 32055 US

05072007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
51-0608278
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

FREEMAN, SHARON
532 N. MARION AVENUE
LAKE CITY, FL 32055

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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: Sharon Freeman 5-07-07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by September 14, 2007

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	FREMAN, SHARON
STREET ADDRESS	532 N MARION AVENUE
CITY-ST-ZIP	LAKE CITY, FL 32055
TITLE	S
NAME	MOORE, JAWANNA K
STREET ADDRESS	1302 NE BASCOM NORRIS DRIVE
CITY-ST-ZIP	LAKE CITY, FL 32055
TITLE	VP
NAME	CURTIS, CAROLYN
STREET ADDRESS	P.O. BOX 3795
CITY-ST-ZIP	LAKE CITY, FL 32056
TITLE	T
NAME	LEWIS, CHEKITA
STREET ADDRESS	P.O. BOX 124
CITY-ST-ZIP	LAKE CITY, FL 32056
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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06/04/07-80006-001 61.25

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12. 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 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 617, 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: Sharon Freeman 5-07-07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #