2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000003463

FILED Apr 12, 2011 Secretary of State

Entity Name: THE FLORIDA ASSOCIATION OF BEAUTY PROFESSIONALS, INC.

Current Principal Place of Business: New Principal Place of Business:

5022 SUSANNAH DR 1951 NORTH MERIDIAN ROAD #5

JACKSONVILLE, FL 32303 TALLAHASSEE, FL 32303

Current Mailing Address: New Mailing Address:

PO BOX 10437

TALLAHASSEE, FL 32302

FEI Number: 20-8781773 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

WALLACE, RICHARD WALLACE, RICHARD

5022 SUSÁNNAH DR 1951 NORTH MERIDIAN ROAD #5 TALLAHASSEE, FL 32303 US TALLAHASSEE, FL 32303 US

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.

SIGNATURE: 04/12/2011

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: F

Name: WALLACE, RICHARD
Address: 310 BLOUNT STREET #114
City-St-Zip: TALLAHASSEE, FL 32301

Title: CHAI

Name: POWERS, JOANNE

Address: 1951 NORTH MERIDIAN ROAD #5 City-St-Zip: TALLAHASSEE, FL 32303

Title: VCHA

Name: PETERS, MICHAEL

Address: 1951 NORTH MERIDIAN ROAD #5 City-St-Zip: TALLAHASSEE, FL 32303

Title: SECT

Name: PEARSON, CHRIS

Address: 1951 NORTH MERIDIAN ROAD #5 City-St-Zip: TALLAHASSEE, FL 32303

Title: TRES

Name: PETRILLO, TOM

Address: 1951 NORTH MERIDIAN ROAD #5 City-St-Zip: TALLAHASSEE, FL 32303

I hereby 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 all other like empowered.

SIGNATURE: RICHARD WALLACE PRES 04/12/2011