

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

04-17-2008 90033 029 \*\*\*\*70.00  
N07000004878

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # N07000004878</b> 1. Entity Name <b>BEAUTIFUL SOULS INC.</b>					
Principal Place of Business <b>12528 BELMONT LAKES DR. JACKSONVILLE, FL 32225</b>			Mailing Address <b>12528 BELMONT LAKES DR. JACKSONVILLE, FL 32225</b>		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		  01242008 Chg-NP CR2E037 (12/06)	
City & State		City & State			
Zip Country		Zip Country			
4. FEI Number <b>11-3814882</b>		Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				6. Name and Address of Current Registered Agent  <b>KOENIG, ZORITA 12528 BELMONT LAKES DR. JACKSONVILLE, FL 32225</b>	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code				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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing)</small>	
Filing Fee is <b>\$61.25</b> <b>Due by May 1, 2008</b>					
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees					
Make check payable to <b>Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>					
TITLE	<b>P</b> <b>KOENIG, ZORITA</b> <b>12528 BELMONT LAKES DR.</b> <b>JACKSONVILLE, FL 32225</b>	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE	<b>S</b> <b>STEMACK, JENNIFER</b> <b>12528 BELMONT LAKES DR.</b> <b>JACKSONVILLE, FL 32225</b>	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE	<b>T</b> <b>WINSON, BRUCE E.</b> <b>12528 BELMONT LAKES DR.</b> <b>JACKSONVILLE, FL 32225</b>	<input type="checkbox"/> Delete	TITLE	<b>VINSON correct</b> <b>WINSON misspelled</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
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.					
<b>SIGNATURE: <i>ZORITA KOENIG</i> April 15th 2008 904-379-1146</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					