2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Mar 20, 2007 8:00 am Secretary of State 03-20-2007 90012 036 ****61.25

1. Entity Nam	MENT # N09388 BUTY STAMP CLUB, INC.						7 70012 02	,0 0	1.23
Principal Place of Business 2317 EAST 15TH ST 1 3 2 5 HARRISON 3900 W 16TH ST PANAMA CITY, FL 32401 US Mailing Address 3900 W 16TH ST PANAMA CITY, FL 32401				40038915					
2. Principal P	tace of Business - No P.O. Box #	3. Mailing Address				ir ii iiiii ii iiii			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			02052007	Chg-NP	CR2E03	7 (12/06)	
City & State		City & State			4. FEI Numbe NOT AP	, PLICABLE			oplied For ot Applicable
Zip	Country	Zip	Country		5. Certificate	of Status Desired		8.75 Add	litional
	6. Name and Address of Current F	Registered Agent			7. Name and	Address of New			
			Name	Name					
KELLY, CRYSTAL 3900 W. 16TH STREET PANAMA CITY, FL 32401			Street	Address ((P.O. Box Number is Not Acceptable)				
	·								
			City				FL	Zip Cod	е
	named entity submits this statement for ions of registered agent.		registered office	or register	ed agent, or bot	h, in the State of			
SIGNATURE .	German Kul	lex						G _O'/	
SIGNATURE.	Cerustal Kell	nd trie applicable. (NOTE	. Registered Agent sign	ature required	i when reinstating)		DATE	5-07	····
SIGNATURE .				ature required					
Sidivitorie.	Signature, Speed or profest name of regressored agent a Filling Fee is \$61.25 Due by May 1, 2007		npaign Financing	ature required	\$5.00 May B. Added to Fees	e Fi	DATE Make check orida Depart	payable to	0
10.	Filing Fee is \$61.25 Due by May 1, 2007 OFFICERS AND DIR	9. Election Cam Trust Fund C	npaign Financing contribution.		\$5.00 May B Added to Fees	e FI	Make check orida Depart	payable to ment of St ECTORS IN	o tate
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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: _

SIGNATURE AND TYPED ORDERINTED NAME OF SIGNING OFFICER OR DIRECTOR

850-785-3550 Daytime Phone #