

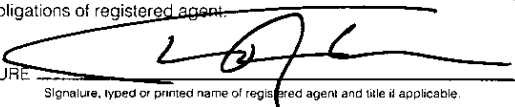
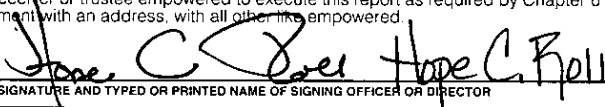


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # N97000004963</b> 1. Entity Name <b>THINK BEAUTY, INC.</b>						<div style="font-size: 24px; font-weight: bold;">FILED</div> <div style="font-size: 18px;">04 MAY -7 AM 10:50</div> <div style="font-size: 14px;">SECRETARY OF STATE TALLAHASSEE, FLORIDA</div>					
Principal Place of Business <b>1190 NORTH PARK AVENUE WINTER PARK, FL 32789</b>				Mailing Address <b>1190 NORTH PARK AVENUE WINTER PARK, FL 32789</b>				<div style="font-size: 24px; font-weight: bold;">\$50.00</div>			
2. Principal Place of Business				3. Mailing Address				  04272004 Chg-NP CR2E037 (10/03) <span style="font-size: 24px; font-weight: bold;">84</span>			
Suite, Apt. #, etc.				Suite, Apt. #, etc.							
City & State				City & State							
Zip		Country		Zip		Country					
4. FEI Number <b>59-3468978</b>				Applied For Not Applicable				<div style="font-size: 24px; font-weight: bold;">\$8.75</div> Additional Fee Required			
5. Certificate of Status Desired <input type="checkbox"/>											
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent							
LOWMAN, WILLIAM R JR 315 E ROBINSON STREET #600 ORLANDO, FL 32801				Name <b>Thomas R. Allen</b> Street Address (P.O. Box Number is Not Acceptable) <b>14 E. Washington Street, Suite 600</b> City <b>Orlando</b>				FL Zip Code <b>32801</b>			
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 				<b>Thomas R. Allen</b>				04/29/04			
Filing Fee is <b>\$61.25</b> Due by <b>May 1, 2004</b>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>				\$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10							
TITLE	DP			<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	ROLL, HOPE C						NAME				
STREET ADDRESS	1190 NORTH PARK AVENUE						STREET ADDRESS				
CITY-ST-ZIP	WINTER PARK, FL 32789						CITY-ST-ZIP				
TITLE	DV			<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	CLAYTON, LISA						NAME				
STREET ADDRESS	1190 NORTH PARK AVENUE						STREET ADDRESS				
CITY-ST-ZIP	WINTER PARK, FL 32789						CITY-ST-ZIP				
TITLE	D			<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	CLAYTON, CHARLES						NAME				
STREET ADDRESS	1190 NORTH PARK AVENUE						STREET ADDRESS				
CITY-ST-ZIP	WINTER PARK, FL 32789						CITY-ST-ZIP				
TITLE	ST			<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	CLAYTON, JOAN B						NAME				
STREET ADDRESS	1190 NORTH PARK AVENUE						STREET ADDRESS				
CITY-ST-ZIP	WINTER PARK, FL 32789						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 exemption stated in Section 119.07(3)(i), 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: 				4-28-04				(407) 622-0000			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date				Daytime Phone #			