## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

				1 FILED	
DOCUMENT # N97000004963				11225	
1. Entity Name THINK BEAUTY, INC.				MAY -3 PM 3: 58	
				URLTARY OF STATE	
Principal Plac		Mailing Address		CLAHASSEE, FLORID	A
	I PARK AVENUE	1190 NORTH PARK AVENUE Winter Park, Fl 32789			
WINTER PARK, FL 32789 WINTER PARK, FL 32789					
2. Principal Place of Business 3. Mailing Address					8 8 114 8 8 114 8 8 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
0.21.4.4	II	Coine And H and			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04212005 Chg-NP	CR2E037 (10/03)
City & State		City & State		4. FEI Number	Applied For
				59-3468978	Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desire	d S8.75 Additional Fee Required
	Name and Address of Current	Registered Agent		7. Name and Address of Nev	<del> </del>
Name					
ALLEN, THOMAS R  14 E. WASHINGTON STREET  Street Address (P.O. Box Number is Not Acceptable)					
SUITE 600	)				
ORLANDO	), FL 32801	. Hillcrest C	street		
			City ()	ando	FL Zip Code
8. The above	named entity submits this statement for	or the purpose of changing its	s registered office or registe	ered agent, or both, in the State of	Florida. I am familiar with, and accept
the obligations of registered agent.					
	Ch4	/C	Thomas	R. Allon	4-21-05
SIGNATURE	Signature, typed or printed name of registered agen	and title if applicable. (NO	TE: Registered Agent signature require	ed when reinstating)	DATE
Filing Fee is \$61.25  Due by May 1, 2005  9. Election Campaign Financing  Trust Fund Contribution.				\$5.00 May Be Added to Fees F	Make check payable to Florida Department of State
10.	OFFICERS AND DI	RECTORS	11,	ADDITIONS/CHANGES TO OFF	<del></del>
TITLE	DP LIONE C	Delete	TITLE		☐ Change ☐ Addition
NAME STREET ADDRESS	ROLL, HOPE C 1190 NORTH PARK AVENUE		NAME STREET ADDRESS		
CITY-ST-ZIP	WINTER PARK, FL 32789		CITY-ST-ZIP		
TITLE	DV	Delete	TITLE		☐ Change ☐ Addition
NAME	CLAYTON, LISA		NAME		
STREET ADDRESS CITY-ST-ZIP	1190 NORTH PARK AVENUE WINTER PARK, FL 32789		STREET ADDRESS CITY-ST-ZIP	0 1	
TITLE	D	□ Delete	TITLE	KSIM	Change Addition
NAME	CLAYTON, CHARLES	The Detaile	NAME \		Onlingo Addition
STREET ADDRESS	1190 NORTH PARK AVENUE		STREET ADDRESS	ļ	
CITY+ST-ZIP	WINTER PARK, FL 32789		CITY-ST-ZIP		<u>.                                    </u>
TITLE	ST CLANTON ICAN D	☐ Delete	TITLE	4 (	☐ Change ☐ Addition
NAME STREET ADDRESS	CLAYTON, JOAN B 1190 NORTH PARK AVENUE		NAME STREET ADDRESS	1 UUU5* 05/10/05010	45302 <b>11</b> 066020 **1448.75
CITY-ST-ZIP	WINTER PARK, FL 32789		CITY-ST-ZIP	00/10/00==010	JOD==UZU ##1448.(5
THTLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		• –
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP		m - :	CITY-ST-ZIP		D. Ob
TITLE NAME		☐ Delete	TITLE NAME		☐ Change ☐ Addition
STREET ADDRESS			STREET ADDRESS		
CITY+ST-ZIP			CITY-ST-ZIP		
12. I hereby	certify that the information supplied with	n this filing does not qualify for	or the exemption stated in S	ection 119.07(3)(i), Florida Statut	es. I further certify that the information der oath; that I am an officer or director name appears in Block 10 or Block 11 if
of the co	rporation or the receiver or trustee emp	owered to execute this report	rt as required by Chapter 61	17, Florida Statutes; and that my n	name appears in Block 10 or Block 11 if
changed	, or on an acachine in more an address,	for Iw	yr.	.1	.1
SIGNAT				407-622-00	000 4-21-05
SIGNATURE AND TXPED OR PRINTED NAME OF SIGNING ORGICER OR DIRECTOR  Care  Daylime Phone  Daylime Phone					
om w augun, ar.					