


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT


**FILED**  
**Apr 22, 2008 8:00 am**  
**Secretary of State**

04-22-2008 90027 023 \*\*\*150.00

<b>DOCUMENT # P00000027654</b>	
1. Entity Name <b>BEAUTIFUL IMAGE.NET, INC.</b>	

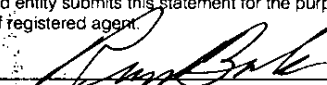
Principal Place of Business <b>11012 N. DALE MABRY SUITE 304 TAMPA, FL 33618</b>	Mailing Address <b>11012 N. DALE MABRY SUITE 304 TAMPA, FL 33618</b>
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address <b>2701 W. OAKLAND PARK BLVD</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc. <b>310</b>
City & State	City & State <b>FORT LAUDERDALE</b>
Zip	Zip <b>33311</b>
Country	Country

	
04182008	Chg-P
CR2E034 (12/06)	
4. FEI Number <b>59-3631517</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>BAKER, RAY 11012 N. DALE MABRY SUITE 304 TAMPA, FL 33618</b>	
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7. Name and Address of New Registered Agent	
Name <b>RAY BAKER</b>	
Street Address (P.O. Box Number is Not Acceptable) <b>2701 W. OAKLAND PARK BLVD STE 310</b>	
City <b>FORT LAUDERDALE</b>	FL Zip Code <b>33311</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 	DATE <b>4-18-08</b>

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAKER, RAY <input checked="" type="checkbox"/> Delete 11012 N. DALE MABRY STE 304 TAMPA, FL 33618	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BAKER, RAY <input type="checkbox"/> Delete 2701 W. OAKLAND PARK BLVD STE 310 FORT LAUDERDALE, FL 33311	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 607, 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: 	DATE: <b>4-18-08</b> DAYTIME PHONE #: <b>813-781-1414</b>