

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 23, 2006 8:00 am
Secretary of State

08-23-2006 90001 009 ***158.75

DOCUMENT # P00000037971 1. Entity Name INTERNATIONAL B NATURALE BEAUTY SCHOOL, INC.					
Principal Place of Business 3772 W OAKLAND PK BLVD LAUDERDALE LKS, FL 33311			Mailing Address 3772 W OAKLAND PK BLVD LAUDERDALE LKS, FL 33311		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
DENNIS, BESSIE 3772 W. OAKLAND PK. LAUDERDALE LAKES, FL 33311				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL 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 <u>BESSIE DENNIS</u> DATE <u>8/18/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DENNIS, BESSIE		NAME		
STREET ADDRESS	3772 W. OAKLAND PK. BLVD		STREET ADDRESS		
CITY-ST-ZIP	LAUDERDALE LKS, FL 33311		CITY-ST-ZIP		
TITLE	SRVP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	STRUM, NATALIE		NAME		
STREET ADDRESS	3698 NW 29TH STREET		STREET ADDRESS		
CITY-ST-ZIP	LAUDERDALE LAKES, FL 33311		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	STRUM, NATALIE		NAME		
STREET ADDRESS	3698 NW 29TH STREET		STREET ADDRESS		
CITY-ST-ZIP	LAUDERDALE LAKES, FL 33311		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DENNIS, BESSIE		NAME		
STREET ADDRESS	3698 NW 29TH STREET		STREET ADDRESS		
CITY-ST-ZIP	LAUDERDALE LAKES, FL 33311		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 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: <u>BESSIE DENNIS, BESSIE DENNIS</u>			8/18/06 954 7334800		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		