


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90391 033 ***150.00

DOCUMENT # P00000040436	
1. Entity Name NATUREL BEAUTE ESTHETICS, INC.	

Principal Place of Business 6900-34 DANIELS PKWY FORT MYERS FL 33912 <i>New address called for an amendment</i>	Mailing Address 9309 AEGEAN CIR LEHIGH ACRES FL 33936
--	---



2. Principal Place of Business - No P.O. Box # 15880 Summerlin Rd.	3. Mailing Address <i>[Handwritten arrow pointing to Mailing Address field]</i>
Suite, Apt. #, etc. Suite 114	Suite, Apt. #, etc.
City & State Ft Myers FL	City & State
Zip 33908	Country Lee

1st MOORE CR2E034 (10/06)

4. FEI Number 65-1006758	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent THOMPSON, DEBORAH ANN 9309 AEGEAN CIR LEHIGH ACRES FL 33936	
7. Name and Address of New Registered Agent	
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 *[Signature]* **4-19-07**
Signature, typed or printed name of registered agent, and date if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	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 11	
TITLE PSTD	<input type="checkbox"/> Delete	TITLE THOMPSON, DEBORAH A	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME THOMPSON, DEBORAH A		NAME	
STREET ADDRESS 9309 AEGEAN CIR		STREET ADDRESS	
CITY - ST - ZIP LEHIGH ACRES FL 33936		CITY - ST - ZIP	
TITLE VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MATTHYS, JESSICA		NAME	
STREET ADDRESS 9309 AEGEAN CIR		STREET ADDRESS	
CITY - ST - ZIP LEHIGH ACRES FL 33936		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	
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 Section 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: *[Signature]* **Deborah Thompson** **4-19-07**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
(239) 634-5563