

2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P00000078252

Entity Name: TOTAL BEAUTY CONCEPTS, INC.

FILED
Nov 15, 2007
Secretary of State

Current Principal Place of Business:

13499 US 41 SE
233
FORT MYERS, FL 33907

New Principal Place of Business:

Current Mailing Address:

13499 US 41 SE
233
FORT MYERS, FL 33907

New Mailing Address:

FEI Number: 65-1030698

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BUTCHER, MARY
Address: 5420 HARBORAGE DRIVE
City-St-Zip: FORT MYERS, FL 33908

Title: P () Delete
Name: BUTCHER, BRUCE
Address: 5420 HARBORAGE DRIVE
City-St-Zip: FORT MYERS, FL 33908

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: TOTAL BEAUTY CONCEPT, S, INC.
Address: 5420 HARBORAGE DRIVE
City-St-Zip: FORT MYERS, FL 33908

Title: P (X) Change () Addition
Name: TOTAL BEAUTY CONCEPT, S, INC.
Address: 5420 HARBORAGE DRIVE
City-St-Zip: FORT MYERS, FL 33908

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARY K. BUTCHER

DIR

11/15/2007

Electronic Signature of Signing Officer or Director

Date