2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2009
Secretary of State

DOCUMENT# P00000082165

Entity Name: TOTALLY BEAUTIFUL, INC.

Current Principal Place of Business:

508-A NE 5TH AVE
DELRAY BEACH, FL 33483

New Principal Place of Business:

500 NE 5TH AVE
3
DELRAY BEACH, FL 33483 US

Current Mailing Address:

6801 LAKE WORTH RD
124
WEST PALM BEACH, FL 33406

New Mailing Address:

3413 PL VALENCAY
DELRAY BEACH, FL 33445 US

FEI Number: 65-1026727 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MACHIELA, STEVEN H CPA, PA
6801 LAKE NORTH ROAD
SUITE 124
LAKE WORTH, FL 33467 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: CAMPBELL, NORDIA
Address: 10480 BOYNTON PLACE CIR #725
City-St-Zip: BOYNTON BEACH, FL 33437

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: CAMPBELL, NORDIA P
Address: 3413 PL VALENCAY
City-St-Zip: DELRAY BEACH, FL 33445 US

Title: VP ( ) Change (X) Addition
Name: MANGUAL, EDDIE VP
Address: 3413 PL VALENCAY
City-St-Zip: DELRAY BEACH, FL 33445 US

Title: T ( ) Change (X) Addition
Name: REID, ORILIA T
Address: 3413 PL VALENCAY
City-St-Zip: DELRAY BEACH, FL 33445 US

Title: S ( ) Change (X) Addition
Name: GOLDMAN, ANDREA S
Address: 3413 PL VALENCAY
City-St-Zip: DELRAY BEACH, FL 33445 US

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: NORDIA CAMPBELL P 05/01/2009

Electronic Signature of Signing Officer or Director — Date