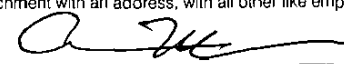


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 08, 2007 8:00 am
Secretary of State

05-08-2007 90013 026 ***150.00

DOCUMENT # P01000060798 1. Entity Name BEAUTIFUL INVESTMENTS REALTY, INC.			
Principal Place of Business 601 CAMP MILTON LN JACKSONVILLE, FL 32220		Mailing Address 601 CAMP MILTON LN JACKSONVILLE, FL 32220	
2. Principal Place of Business - No P.O. Box # 5565 Lenox Ave.		3. Mailing Address P.O. Box 6953	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State Jacksonville, FL		City & State Jacksonville, FL	
Zip 32210		Zip 32236	
Country USA		Country USA	
4. FEI Number 59-3726665		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 MEDEIROS, ROBIN S. 601 CAMP MILTON LN JACKSONVILLE, FL 32220		7. Name and Address of New Registered Agent Name Aires M. medeiros Street Address (P.O. Box Number is Not Acceptable) 5565 Lenox Avenue. City Jacksonville 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 		Aires M. medeiros 4/26/07 <small>(NOTE: Registered Agent signature required when reinstating)</small>	
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSTD MEDEIROS, ROBIN S. 601 CAMP MILTON LANE JACKSONVILLE, FL 32220 <input checked="" 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 checked="" 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: 		Medeiros, Aires 4/26/07 9042412533 <small>Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone</small>	

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