2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

Apr 28, 2008 8:00 am Secretary of State DOCUMENT # P01000121371 04-28-2008 90357 011 ***150.00 D.J. BEAUTY SUPPLY, INC. Principal Place of Business Mailing Address 8211 FLORIDA AVE. 8211 FLORIDA AVE. TAMPA, FL 33604 TAMPA, FL 33604 CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FFI Number 80-0010503 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE JEONG, CHUN RYE 8211 FLORIDA AVE. TAMPA, FL 33604 IN THIS SPACE 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2008 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS TITLE D JEONG, CHUN RYE NAME 6225 GREENWICH DR. STREET ADDRESS TAMPA, FL 33647 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-7IP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

FILED