

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 31, 2006 08:00 AM
Secretary of State

DOCUMENT # P02000044117 1. Entity Name I.C.E. BEAUTY SCHOOL AND SPA TRAINING CENTER, INC.	
---	---

Principal Place of Business 280 S STATE RD 434 SUITE 2045 ALTAMONTE SPRINGS, FL 32714	Mailing Address 1135 BRANTLEY ESTATES DR ALTAMONTE SPRINGS, FL 32714
--	--



05272006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 71-0877409	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent COHEN, DAVID S ESQUIRE 5728 MAJOR BLVD, STE 550 ORLANDO, FL 32819	DO NOT WRITE 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OSBORNE, DONNA J 1135 BRANTLEY ESTATES DR ALTAMONTE SPRINGS, FL 32714
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OSBORNE, JAMES S 19455 HOAG CT MUNDELIN, IL 60060
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OSBORNE DECHENE, MICHELLE L 14230 BLAINE POSEN, IL 60469
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

100000566398
05/31/06-80001-008 158.75

**DO NOT WRITE
IN THIS SPACE**

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: *Donna Osborne*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-26-06 467-862-4001
Date Daytime Phone #