200% FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000131002

FILED May 08, 2008 08:00 AN Secretary of State

1. Entity Name STYLISTICS, INC.					
Principal Place of Business 2640 LAGUNA WAY MIRAMAR, FL 33025	Mailing Address 2640 LAGUNA WAY MIRAMAR, FL 33025				
			04232007	No Chg-P C	R2E034 (11/05)
DO NOT WRITE	CE		4. FEI Number		
			5. Certificate	e of Status Desired	\$8.75 Additional Fee Required
2640 LAGUNA WAY MIRAMAR, FL 33025 8. The above named entity submits this statement for the the obligations of registered agent.	e purpose of changing its registe	ored office or registe	IN.	NOT WRI	CE
SIGNATURE Signature, typed or printed name of registered agent and	utle if applicable (NOTE Registe	red Agent signature require	d when reinstating)	Honona!	1 1512
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Final Trust Fund Contribution		5.00 May Be ded to Fees	06/03/08-80	9072 - 906 159. 00
10. OFFICERS AND DIF		1			
TITLE D NAME CONSTABLE, DEANNA STREET ADDRESS CITY-ST-ZIP MIRAMAR, FL 33025			•		
TITLE NAME					

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:

STREET ADDRESS CHY+ST-ZIP TITLE NAME

STREET ADDRESS CITY - ST-ZIP

IITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

NAME STREET ADDRESS CITY - ST - ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-08

Daylime Phone #