

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P03000011936	
1. Entity Name BEAUTY MAX GROUP, INC.	

Principal Place of Business	Mailing Address		
780 N.W. 10th Street Ocala, FL 34475	780 N.W. 10th Street Ocala, FL 34475		
2. Principal Place of Business : No P.O. Box #	3. Mailing Address		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State	City & State		
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
PARK, YOUNG H 1024 N MAIN STREET GAINESVILLE, FL 32601		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		1014 N. Main, Street	
		City	Zip Code

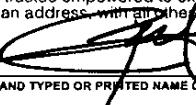
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PARK, YOUNG H <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 the like empowered.

SIGNATURE:   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

**FILED  
Apr 28, 2008 8:00 am  
Secretary of State**

04-28-2008 90371 036 \*\*\*150.00



04172008 Chg-P CR2E034 (12/06)

4. FEI Number 37-1459077	Applied For Not Applicable
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5. Certificate of Status Desired  \$8.75 Additional Fee Required