2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000039581

1. Entity Name
BEACH BABIES HAIR SALON, INC.

4UU89773

Principal Place of Business	Mailing Address
237 ALMOND AVE. FORT LAUDERDALE, FL 33316	347 N.W. 102 TERRACE PLANTATION, FL 33324

04242007   Chg-P   CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address 3930 CRYSTAL LAKE DRIVE
Suite, Apt. #, etc.	Suite, Apt. #, etc. 306
City & State	City & State DEERFIELD BEACH, FL
Zip	Country	Zip 33064	Country USA

4. FEI Number 83-0352145   ☐ Applied For   ☐ Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SURRETTE, SUSAN 347 N.W. 102 TERRACE PLANTATION, FL 33324	Name Street Address (P.O. Box Number is Not Acceptable) 3930 CRYSTAL LAKE DRIVE, #306 City DEERFIELD BEACH FL Zip Code 33064

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 _Susan Surrette_   4/27/07

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, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐   **$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	PM SURRETTE, SUSAN 347 N.W. 102 TERRACE PLANTATION, FL 33324	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	3930 CRYSTAL LAKE DRIVE, #306 DEERFIELD BEACH, FL 33064 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: _Susan Surrette_ SUSAN SURRETTE 4/27/07   954-263-7887

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