

FILED Apr 12, 2007 08:00 A Secretary of State

1. Entity Name FIRST IMPRESSIONS BY BILLIE, INC. Principal Place of Business 6801 NW 25 WAY FT. LAUDERDALE, FL 33309 Mailing Address P.O. BOX 8258 CORAL SPRINGS, FL 33075 O4032007 No Chg-P CR2E034 (11/05) 4. FEL Number Applied For		7,111071			•	_	C 4 CC	
BOT INV 25 WAY DO NOT WRITE IN THIS SPACE 04032007 No Chg-P CR2E034 (11/05)	1. Entity Name				Secretary of S			
DO NOT WRITE IN THIS SPACE 4. FEI Number 65-0845461	6801 NW 25	WAY	P.O. BOX 8258					
WILSON, ARLENE 6801 NW 25 WAY FT. LAUDERDALE, FL 33309 8. The above named entity submits the statement for the purpose of changing its registered affice or registered agent, or both, in the State of Florida. I am familiar with, and access the obligations of registered agent. SIGNATURE FILE NOW!!! FEE IS \$150.00	DO NOT WRITE IN THIS SPAC			CE	04032007 No Chg-P CR2E034 (11/05) 4. FEI Number Applied For Not Applied For Not Applied Solutional \$8.75 Additional			
TILL NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TILL WILLSON, ARLENE STREET ADDRESS CITY-S1-2P TILLE SIRRET ADDRESS CITY-S1-2P TILLE SIRRET ADDRESS CITY-S1-2P TILLE STREET ADDRESS C	6801 NW 2	ARLENE 25 WAY	IN THIS SPACE					
10. OFFICERS AND DIRECTORS ITILE NAME STREET ADDRESS CITY-ST-ZIP FT. LAUDERDALE, FL 33309 ITILE NAME SIREET ADDRESS CITY-ST-ZIP ITILE NAME SIREET ADDRESS	tne obligat	ions of registered agent.				oth, in the State of F		
TITLE MAME STREET ADDRESS CITY-S1-ZIP FT. LAUDERDALE, FL 33309 TITLE NAME STREET ADDRESS CITY-S1-ZIP TITLE NAME STREET ADDRESS	FIL After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.0			.00 May Be led to Fees	U000 04/20/0	00703262 17-80134-007 150.00	
THE	TITLE NAME STREET ADDRESS CITY-S1-2IP TITLE NAME STREET ADDRESS CITY-S1-ZIP	D WILSON, ARLENE 6801 NW 25 WAY	DIRECTORS					

12. Thereby 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:

NAME STREET ADDRESS CITY-ST-ZIP

OF SIGNING OFFICER OR DIRECTOR

RESIDENT 4/3/0-Date 4/3/0-

954) 973-4441