
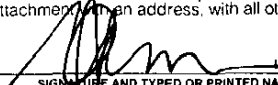


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 02, 2008 8:00 am**  
**Secretary of State**

04-02-2008 90027 023 \*\*\*150.00

<b>DOCUMENT # P03000041101</b> 1. Entity Name <b>FIRST IMPRESSIONS BY BILLIE, INC.</b>					
Principal Place of Business <b>6801 NW 25 WAY FT. LAUDERDALE, FL 33309</b>			Mailing Address <b>P.O. BOX 8258 CORAL SPRINGS, FL 33075</b>		
2. Principal Place of Business - No P.O. Box # <b>8125 NW 39<sup>th</sup> STREET</b> Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State <b>SUNRISE FL 33351</b> Zip <b>33351</b>			City & State Zip Country <b>USA</b>		
4. FEI Number <b>65-0845461</b>			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			<b>\$8.75 Additional Fee Required</b>		
6. Name and Address of Current Registered Agent <b>WILSON, ARLENE 6801 NW 25 WAY FT. LAUDERDALE, FL 33309</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>8125 NW 39<sup>th</sup> STREET</b> City <b>SUNRISE</b>		
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.			DATE		
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>			DATE		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008, Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>WILSON, ARLENE</b> <b>6801 NW 25 WAY</b> <b>FT. LAUDERDALE, FL 33309</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>8125 NW 39<sup>th</sup> STREET</b> <b>SUNRISE FLORIDA 33351</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<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, in an address, with all other like empowered.					
<b>SIGNATURE:</b>  <b>ARLENE P WILSON</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <b>3-30-08</b> Daytime Phone # <b>954-695-0491</b>		