2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 23, 2008 8:00 am
Secretary of State
06-23-2008 90002 032 ***158.75

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1. Entity Name
ENHANCE YOUR BEAUTY, INC.

Principal Place of Business	Mailing Address
7911 PINES BLVD PEMBROOKE PINES, FL 33024	7911 PINES BLVD PEMBROOKE PINES, FL 33024

05212008 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
7169 PEMBROKE ROAD	7169 PEMBROKE ROAD
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: PEMBROKE PINES	City & State: PEMBROKE PINES
Zip: 33023 Country: FL.	Zip: 33023 Country: FL.

4. FEI Number: 20-0971692 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

GARDNER, PAULETTE A
12000 NORTH WEST 29TH MANOR
SUNRISE, FL 33323

7. Name and Address of New Registered Agent

Name: MARILYN I. MAYNARD
Street Address (P.O. Box Number is Not Acceptable): 7169 PEMBROKE ROAD
City: PEMBROKE PINES FL Zip Code: 33023

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: Marilyn I. Maynard MAYNARD MARILYN I 6-21-08
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
Due by September 12, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	☑ Delete	TITLE	P	☑ Change ☐ Addition
NAME	MAYNARD, MARILYN I		NAME	MAYNARD MARILYN I.	
STREET ADDRESS	7125 TROPICANA STREET		STREET ADDRESS	6541 MIRAMAR PARKWAY	
CITY-ST-ZIP	MIRAMAR, FL 33023		CITY-ST-ZIP	MIRAMAR FL. 33023	
TITLE	VP,D	☑ Delete	TITLE	V.P.D	☑ Change ☐ Addition
NAME	WALTERS, RUDOLPH A JR.		NAME	WALTERS RUDOLPH JR.	
STREET ADDRESS	7125 TROPICANA STREET		STREET ADDRESS	6541 MIRAMAR PARKWAY	
CITY-ST-ZIP	MIRAMAR, FL 33023		CITY-ST-ZIP	MIRAMAR FL. 33023	
TITLE	T	☑ Delete	TITLE	T	☑ Change ☐ Addition
NAME	MAYNARD, MARILYN I		NAME	MAYNARD MARILYN I.	
STREET ADDRESS	7125 TROPICANA STREET		STREET ADDRESS	6541 MIRAMAR PARK WAY	
CITY-ST-ZIP	MIRAMAR, FL 33023		CITY-ST-ZIP	MIRAMAR FL. 33023	
TITLE	S	☑ Delete	TITLE	S	☑ Change ☐ Addition
NAME	MAYNARD, MARILYN I		NAME	MAYNARD MARILYN I.	
STREET ADDRESS	7125 TROPICANA STREET		STREET ADDRESS	6541 MIRAMAR PARKWAY	
CITY-ST-ZIP	MIRAMAR, FL 33023		CITY-ST-ZIP	MIRAMAR FL. 33023	
TITLE	D	☑ Delete	TITLE	D	☑ Change ☐ Addition
NAME	MAYNARD, MARILYN I		NAME	MAYNARD MARILYN I.	
STREET ADDRESS	7125 TROPICANA STREET		STREET ADDRESS	6541 MIRAMAR PARKWAY	
CITY-ST-ZIP	MIRAMAR, FL 33023		CITY-ST-ZIP	MIRAMAR FL. 33023	
TITLE	D	☑ Delete	TITLE	D	☑ Change ☐ Addition
NAME	WALTERS, RASHEED S		NAME	WALTERS RASHEED S.	
STREET ADDRESS	7125 TROPICANA STREET		STREET ADDRESS	6541 MIRAMAR PARKWAY	
CITY-ST-ZIP	MIRAMAR, FL 33023		CITY-ST-ZIP	MIRAMAR FL. 33023	

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: Marilyn I. Maynard MARILYN I. MAYNARD 954-244-0435
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 6-21-08 Date Daytime Phone #