2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2008
Secretary of State

DOCUMENT# P04000074270

Entity Name: EVERYTHING'S BEAUTIFUL INCORPORATED

Current Principal Place of Business:

964 SIXTH AVE
GRACEVILLE, FL 32440

New Principal Place of Business:

Current Mailing Address:

964 SIXTH AVE
GRACEVILLE, FL 32440

New Mailing Address:

FEI Number: 20-1094722 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CARR, NUTOSHIA D
8131 BLOYS CT
TALLAHASSEE, FL 32312 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: POWN ( ) Delete
Name: CARR, NUTOSHIA D
Address: 8131 BLOYS CT
City-St-Zip: TALLAHASSEE, FL 32312

Title: VP ( ) Delete
Name: DANIELS, VIVIAN S
Address: 1259 SANDERS ROAD
City-St-Zip: GRACEVILLE, FL 32440

Title: TRES ( ) Delete
Name: CARR, KEITH D
Address: 8131 BLOYS CT
City-St-Zip: TALLAHASSEE, FL 32312

Title: SEC ( ) Delete
Name: COLEY, BRENDA S
Address: 4340 LAGO VISTA
City-St-Zip: BELTON, TX 76513

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NUTOSHIA D. CARR POWN 03/18/2008

Electronic Signature of Signing Officer or Director Date