2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P04000109254

Title:

Name:

Address:

City-St-Zip:

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WIGGINS, MELISSA H

5900 STIRLING RD. #6

HOLLYWOOD, FL 33021

FILED Feb 28, 2006 Secretary of State

Entity Na	me: SOUTHE	RN GLAMOUR, INC.				
Current Principal Place of Business:			New Princ	New Principal Place of Business:		
5900 STIR SUITE 6 HOLLYWO	LING RD. DOD, FL 3302	1				
Current Mailing Address:			New Mailing Address:			
5900 STIR SUITE 6 HOLLYWO	LING RD. DOD, FL 3302	1				
FEI Number:	: 42-1638488	FEI Number Applied For ()	FEI Number Not Appli	icable ()	Certificate of Status Desired ()	
Name and	Address of C	Current Registered Agent:	Name and	Name and Address of New Registered Agent:		
	LING RD. DOD, FL 3302					
	named entity: e of Florida.	submits this statement for the p	purpose of changing it	s registere	d office or registered agent, or both,	
SIGNATUR	RE:					
	Electror	nic Signature of Registered Ag	ent		Date	
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	PRES (ROZIER, LORE 5900 STIRLING HOLLYWOOD,	RD. #6	Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	TRES (CUTLER, CARG 5900 STIRLING HOLLYWOOD,	RD. #6	Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	SECY (HENDERSON, 5900 STIRLING HOLLYWOOD,	RD. #6	Title: Name: Address: City-St-Zip:		(X) Change ()Addition REE ING RD. #6 DD, FL 33021	

I hereby certify that the information supplied with this filing does not qualify for the 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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: CAROL CUTLER **TRES** 02/28/2006

() Change () Addition