


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 03, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # P04000155416</b>		
1. Entity Name <b>BEAUTY XPRESSIONS INCORPORATED</b>		
Principal Place of Business <b>GULFVIEW SQUARE MALL 9409 US 19 N STE 277 PORT RICHEY, FL 34668</b>	Mailing Address <b>GULFVIEW SQUARE MALL 9409 US 19N STE 277 PORT RICHEY, FL 34668</b>	
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  <b>ADONIZ, JILL 1530 VILLA CAPRI CIRCLE APT. #309 ODESSA, FL 33556</b>		<b>DO NOT WRITE IN THIS SPACE</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.  SIGNATURE <u><i>Jill Adoniz</i></u> DATE <u>5/1/07</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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>
10. OFFICERS AND DIRECTORS		U00000759109 05/24/07-80029-018 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ADONIZ, JILL 1530 VILLA CAPRI CIRCLE, APT #309 ODESSA, FL 33556	<b>DO NOT WRITE IN THIS SPACE</b>
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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 with an address, with all other like empowered.		
SIGNATURE <u><i>Jill Adoniz</i></u> <u>Jill Adoniz</u> <u>5/1/07</u> <u>727-848-0782</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		