

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2007 8:00 am
Secretary of State

04-18-2007 90188 040 ***158.75

DOCUMENT # P05000007386 1. Entity Name LIPS UNLIMITED, INC.			
Principal Place of Business 475 MACGREGOR ROAD WINTER SPRINGS, FL 32708 US		Mailing Address 475 MACGREGOR ROAD WINTER SPRINGS, FL 32708 US	
2. Principal Place of Business - No P.O. Box # 3245 USitania Dr.		3. Mailing Address 2117 N Babcock St Suite, Apt. #, etc. Ste # 237	
City & State INDIALANTIC, FL		City & State MELBOURNE FL	
Zip 32903		Zip 32901	
Country USA		Country USA	
4. FEI Number 20-2115888		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
8. Name and Address of Current Registered Agent FRANK, PAULA M 475 MACGREGOR ROAD WINTER SPRINGS, FL 32708		7. Name and Address of New Registered Agent Name RUTH R. MENENDEZ Street Address (P.O. Box Number is Not Acceptable) 1130 PEACOCK AVE NE City PALMBAY FL Zip Code 32907	
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 VP 4.17.07 <small>Signature, typed or printed name of registered agent and title is acceptable. (NOTE: Registered Agent signature required when remaining.) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P FRANK, PAULA M 475 MACGREGOR ROAD WINTER SPRINGS, FL 32708 <input type="checkbox"/> Delete <i>Change Address</i>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PAULA M FRANK 375 EMERSON PLAZA WAY #412 AITA MONTE SPRINGS, FL 32701 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP MENENDEZ, RUTH 1130 PEACOCK AVE N.E. PALM BAY, FL 32907 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: VP WK. 321. 773. 9864 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		PC. 321. 693. 7920 4.17.07 <small>Date Daytime Phone #</small>	