

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000014079

FILED
Apr 29, 2006
Secretary of State

Entity Name: BEAUTY SUPPLY PLUS & DOLLAR STORE, INC.

Current Principal Place of Business:

5270 BABCOCK STREET NE
SUITE 26
PALM BAY, FL 32905

New Principal Place of Business:

Current Mailing Address:

2400 WOODLAKE DRIVE NE
APT. 203
PALM BAY, FL 32905

New Mailing Address:

5270 BABCOCK ST NE
SUITE 26
PALM BAY, FL 32905

FEI Number: 34-2033347

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LA GUERRE, ALLAIN
5270 BABCOCK STREET NE
SUITE 26
PALM BAY, FL 32905 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: D () Delete
Name: LAGUERRE, ALLAIN
Address: 2400 WOODLAKE DR. APT. 203
City-St-Zip: PALM BAY, FL 32905

Title: D () Delete
Name: LAGUERRE, CARLINE
Address: 2400 WOODLAKE DR. APT. 203
City-St-Zip: PALM BAY, FL 32905

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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: ALAIN LAGUERRE

D

04/29/2006

Electronic Signature of Signing Officer or Director

_____ Date