

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 12, 2006 8:00 am
Secretary of State

04-24-2006 90368 017 ***150.00

DOCUMENT # P05000045080 1. Entity Name JOANIE'S ABOUT FACES, INC.																													
Principal Place of Business 5025 CARNEGIE LANE #205 SANFORD FL 32771 US		Mailing Address 5025 CARNEGIE LANE #205 SANFORD FL 32771 US																											
2. Principal Place of Business 4265 LK MARY Blvd		3. Mailing Address 36525 CLARA STREET																											
City & State LAKE MARY FL		City & State EUSTIS FL		4. FEI Number 20-2722634																									
Zip 32746		Country SEMINOLE		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																									
6. Name and Address of Current Registered Agent OLIVER, JOAN M 5025 CARNEGIE LANE #205 SANFORD FL 32771		7. Name and Address of New Registered Agent Name JOAN OLIVER Street Address (P.O. Box Number is Not Acceptable) 36525 CLARA ST City EUSTIS FL 32736																											
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 Joan Oliver JOAN OLIVER DATE _____ <small>(NOTE: Registered Agent signature required when recasting)</small>																													
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																										
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:40%;">P</td> <td style="width:10%; text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>OLIVER, JOAN M</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>5025 CARNEGIE LANE #205</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>SANFORD FL 32771</td> <td></td> </tr> </table>			TITLE	P	<input type="checkbox"/> Delete	NAME	OLIVER, JOAN M		STREET ADDRESS	5025 CARNEGIE LANE #205		CITY-ST-ZIP	SANFORD FL 32771		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:40%;">P</td> <td style="width:10%; text-align: center;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>JOAN OLIVER</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>36525 CLARA ST</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>EUSTIS, FL 36525</td> <td></td> </tr> </table>			TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	JOAN OLIVER		STREET ADDRESS	36525 CLARA ST		CITY-ST-ZIP	EUSTIS, FL 36525	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Joan Oliver <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date 4-10-06 407 687-6426 <small>Daytime Phone #</small>																										