2006 FOR PROFIT CORPORATION ANNUAL REPORT

1. Entity Nam	e	# P05000067 R & BEAUTY SUPI				SECRETARY OF STATE DIVISION OF CONDUCTIONS 06 MAY -9 AM 7:53			
Principal Place of Business 4131 TAMISMI TRAIL EAST NAPLES, FL 34112 Mailing Address 4131 TAMISMI TRAIL EAST NAPLES, FL 34112									
2. Principal Place of Business 3. Mailing Address 4/3 7 1 A M A M T M						Chg-P	CR2E034 (11/05)		
City & State VIAPIRS Zip Country,			City & State NAPIES Zip Country			815465	- \$8.75 As	pplied For lot Applicable	
34/12	2 6. Name	and Address of Current I	3 4 // 2 Registered Agent	Coffier	-	e of Status Desired d Address of New I	Fee Requir		
LEANDRE, EVELYNE 4131 TAMISMI TRAIL EAST NAPLES, FL 34112 Name FAWAE EVELYIVE Street Address (P.O. Box Number is Not Acceptable) 4/37 TAMIA IN TYL. EAST City Maples FL Zip Code 34417									
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 Leavelune Seaudie Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 5/4/2006 DATE									
FILE NOW!!! FEE IS \$550.00 Due by September 6, 2006 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.									
10. TITLE	Р	OFFICERS AND	DIRECTORS Delete	11.	,		FICERS AND DIRECTO		
NAME STREET ADDRESS CITY+ST-ZIP	LEANDRE, EVELYNE 4131 TAMISMI TRAIL EAST NAPLES, FL 34112 CIT				LEANDA 4137 T	Amiam.	2/YNC (Change 1/7712// Ed 34//2	Addition	
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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: MANUFACTURE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 5/4/2006 SIGNATURE: 15/4/2006 Dorson Printed Name Of SIGNING OFFICER OR DIRECTOR DOSS DOSS DOSS DOSS DOSS DOSS DOSS DO									

L'ELEGANCE HAIR & BEAUTY SUPPLY, INC. 4137 Tamiami Trail East Naples Fl. 34112

May 4, 2006

Division of Corporations Annual Report Section P.O. Box 6327 Tallahassee, FL 32314

REF: L'ELEGANCE HAIR & BEAUTY SUPPLY INC. P05000067780

Dear Sir or Madam:

Please be advised that the above-mentioned corporation annual report was never received for timely submission.

Therefore, we are requesting that the delinquent fees be waived and that the corporation is allowed to submit a second annual report with the corresponding fee of \$ 150.00

Please advise.

Your cooperation is appreciated.

Evelyne Leaune Evelyne Leandre

EL/fz