2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000105409

Address:

City-St-Zip:

3535 TABERNACLE PLACE

TAMPA, FL 33607

Entity Name: CARSMETICS FRANCHISES, INC.

FILED Jan 09, 2006 Secretary of State

	iid: C/((Civ	ierroorrowernoed, nvo.					
Current Principal Place of Business:				New Principal Place of Business:			
3030 NORTH ROCKY POINT DRIVE WEST, STE 720 TAMPA, FL 33607				3030 NORTH ROCKY POINT DRIVE WEST SUITE 720 TAMPA, FL 33607			
Current Mailing Address:				New Mailing Address:			
3030 NORTH ROCKY POINT DRIVE WEST, STE 720 TAMPA, FL 33607				3030 NORTH ROCKY POINT DRIVE WEST SUITE 720 TAMPA, FL 33607			
FEI Number:	20-3348818	FEI Number Applied For ()	FEI Num	ber Not Appl	icable ()	Certificate of Status Desired (X)	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
101 EAST	PIPER RUND	NICK GARY CARY US LLP SOULEVARD, SUITE 2000					
	named entit of Florida.	y submits this statement for the p	urpose of	changing i	ts registere	d office or registered agent, or both,	
SIGNATUR	RE:						
	Electr	onic Signature of Registered Age	nt			Date	
Election Car	npaign Financ	ng Trust Fund Contribution ().					
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS			
Title: Name: Address: City-St-Zip:	DUNN, STEP 1922 GULF E	() Delete HEN BOULEVARD, #605 RES, FL 33785		Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	LOCKHART, 4284 COVE I			Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name:	D COVERDILL	() Delete JOSEPH P		Title: Name:	D COVERDILI	(X) Change()Addition L. JOSEPH P	

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.

Address:

City-St-Zip:

700 S. HARBOUR ISLAND BLVD. #211

TAMPA, FL 33607

SIGNATURE: JOSEPH P. COVERDILL D 01/09/2006