

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 10, 2006 8:00 am**  
**Secretary of State**

04-10-2006 90309 034 \*\*\*150.00

|  |         |   |         |
|--|---------|---|---------|
| <b>DOCUMENT # P05000117521</b>   |         |  |         |
| 1. Entity Name<br><b>WOMAN THOU ART BEAUTIFUL, INC.</b>                  |         |   |         |
| Principal Place of Business<br>14751 SEATTLE SLEW PL<br>ORLANDO FL 32826 |         | Mailing Address<br>14751 SEATTLE SLEW PL<br>ORLANDO FL 32826                      |         |
| 2. Principal Place of Business   |         | 3. Mailing Address  |         |
| Suite, Apt. #, etc.  |         | Suite, Apt. #, etc.   |         |
| City & State   |         | City & State  |         |
| Zip  | Country | Zip   | Country |



1st MOORE CR2E034 (10/05)

|  |  |  |          |
|--|--|--|----------|
| 4. FEI Number<br><b>14-1936057</b>                                 |  | Applied For<br><input type="checkbox"/> Not Applicable |          |
| 5. Certificate of Status Desired <input type="checkbox"/>          |  | <b>\$8.75</b> Additional Fee Required                  |          |
| <b>6. Name and Address of Current Registered Agent</b>             |  | <b>7. Name and Address of New Registered Agent</b>     |          |
| DIAZ, ARISTIDES J<br>425 W COLONIAL DR STE 101<br>ORLANDO FL 32804 |  | Name   |          |
|  |  | Street Address (P.O. Box Number is Not Acceptable)     |          |
|  |  | City   |          |
|  |  | <b>FL</b>  | Zip Code |

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**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.  **\$5.00** May Be Added to Fees

| 10. OFFICERS AND DIRECTORS |                      |                                 |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |  |                                 |                                   |
|----------------------------|----------------------|---------------------------------|--|---|--|---------------------------------|-----------------------------------|
| TITLE                      | D                    | <input type="checkbox"/> Delete |  | TITLE   |  | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME                       | AVILES, EDNA         |                                 |  | NAME  |  |                                 |                                   |
| STREET ADDRESS             | 14751 SETTLE SLEW PL |                                 |  | STREET ADDRESS  |  |                                 |                                   |
| CITY-ST-ZIP                | ORLANDO FL 32826     |                                 |  | CITY-ST-ZIP   |  |                                 |                                   |
| TITLE                      | D                    | <input type="checkbox"/> Delete |  | TITLE   |  | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME                       | AVILES, ARNOLD       |                                 |  | NAME  |  |                                 |                                   |
| STREET ADDRESS             | 14751 SETTLE SLEW PL |                                 |  | STREET ADDRESS  |  |                                 |                                   |
| CITY-ST-ZIP                | ORLANDO FL 32826     |                                 |  | CITY-ST-ZIP   |  |                                 |                                   |
| TITLE                      |                      | <input type="checkbox"/> Delete |  | TITLE   |  | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME                       |                      |                                 |  | NAME  |  |                                 |                                   |
| STREET ADDRESS             |                      |                                 |  | STREET ADDRESS  |  |                                 |                                   |
| CITY-ST-ZIP                |                      |                                 |  | CITY-ST-ZIP   |  |                                 |                                   |
| TITLE                      |                      | <input type="checkbox"/> Delete |  | TITLE   |  | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME                       |                      |                                 |  | NAME  |  |                                 |                                   |
| STREET ADDRESS             |                      |                                 |  | STREET ADDRESS  |  |                                 |                                   |
| CITY-ST-ZIP                |                      |                                 |  | CITY-ST-ZIP   |  |                                 |                                   |
| TITLE                      |                      | <input type="checkbox"/> Delete |  | TITLE   |  | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME                       |                      |                                 |  | NAME  |  |                                 |                                   |
| STREET ADDRESS             |                      |                                 |  | STREET ADDRESS  |  |                                 |                                   |
| CITY-ST-ZIP                |                      |                                 |  | CITY-ST-ZIP   |  |                                 |                                   |

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:**  **4/1/6** **407-380-3955**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #