## **2008 FOR PROFIT CORPORATION**

## Apr 21, 2008 8:00 am Secretary of State **ANNUAL REPORT DOCUMENT # P05000129561** 04-21-2008 90100 044 \*\*\*150.00 1. Entity Name DISCOUNT BEAUTY, INC. Mailing Address Principal Place of Business 5016 EAST BUSCH BLVD #107 5016 EAST BUSCH BLVD #107 TAMPA, FL 33617 TAMPA, FL 33617 CR2E034 (11/05) 04172008 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 16-1733622 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE CLARK, MI SUK 5016 EAST BUSCH BLVD #107 TAMPA, FL 33617 IN THIS SPACE 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE CLARK, MI SUK NAME STREET ADDRESS 5016 EAST BUSCH BLVD #107 CITY-ST-ZIP TAMPA, FL 33617 TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE SILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

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.

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP

Daytime Phone #

FILED