## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P05000158236

Entity Name: BROWN SKIN BEAUTY DIVA ESSENTIALS INC.

FILED Feb 08, 2006 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 16604 VALLELY DRIVE TAMPA, FL 33618 **Current Mailing Address: New Mailing Address:** 16604 VALLELY DRIVE TAMPA, FL 33618 FEI Number: 20-3988992 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: ALLEN, YVETTE C 16604 VALLELY DRIVE TAMPA, FL 33618 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. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: P/D ( ) Delete Title: () Change () Addition ALLEN, YVETTE C Name: Name: 16604 VALLELY DRIVE Address: Address: City-St-Zip: TAMPA, FL 33618 City-St-Zip: Title: VΡ Title: ( ) Delete () Change () Addition Name: ALLEN, EREKIA Name: 16604 VALLELY DRIVE Address: Address: TAMPA, FL 33618 City-St-Zip: City-St-Zip: Title: Title: ( ) Delete () Change () Addition ALLEN, DEREK A Name: Name: 16604 VALLELY DRIVE Address: Address: City-St-Zip: TAMPA, FL 33618 City-St-Zip: Title: ( ) Delete Title: () Change () Addition BURTON, STEPHANIE Name: Name: Address: 16604 VALLELY DRIVE Address: City-St-Zip: City-St-Zip: TAMPA, FL 33618 Title: Title: () Delete ( ) Change (X) Addition SMTH, E.LAVERNE Name: Name: Address: 16604 VALLELY DRIVE Address:

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.

City-St-Zip:

TAMPA, FL 33618

SIGNATURE: YVETTE C ALLEN P/D 02/08/2006

City-St-Zip: