

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000165658

FILED
Feb 15, 2007
Secretary of State

Entity Name: FRESHLY MADE BEAUTY PRODUCTS, INC.

Current Principal Place of Business:

1521 NORTHWEST 44TH STREET
MIAMI, FL 33142

New Principal Place of Business:

14125 SW 109 PL
MIAMI, FL 33176

Current Mailing Address:

P.O BOX 956
MIAMI, FL 10027

New Mailing Address:

P.O BOX 956
NEW YORK, NY 10027

FEI Number: 20-3909246

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WELLS, MARTHA
1521 NORTHWEST 44TH STREET
MIAMI, FL 33142 US

Name and Address of New Registered Agent:

HARRINGTON, RAY
14125 SW 109 PL
MIAMI, FL 33176 US

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: RAY HARRINGTON

02/15/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSTD () Delete
Name: REED, CYNORIA L
Address: 1521 NORTHWEST 44TH STREET
City-St-Zip: MIAMI, FL 33142

Title: VPS () Delete
Name: WELLS, MARTHA
Address: 1521 NORTHWEST 44TH STREET
City-St-Zip: MIAMI, FL 33142

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change () Addition
Name: REED, CYNORIA L
Address: P.O BOX 956
City-St-Zip: NEW YORK, NY 10027

Title: VPS (X) Change () Addition
Name: HARRINGTON, RAY
Address: 14125 SW 109 PL
City-St-Zip: MIAMI, FL 33176

Title: VPS () Change (X) Addition
Name: RICE, THRESA
Address: 1909 FERRIS ROAD
City-St-Zip: COLUMBUS, OH 43215

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.

SIGNATURE: CYNORIA L REED

PSTD

02/15/2007

Electronic Signature of Signing Officer or Director

Date