2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jun 14, 2007 8:00 am Secretary of State

1. Entity Name	ENT # P0600002 BEAUTY SUPPLY, INC.			04-30-2007 90409 006 ***150.00					
Principal Place of 2210 N TAMIAM NAPLES, FL 34	(1 TRAIL	Mailing Address 2210 N TAMIAMI TRAIL NAPLES, FL 34103			66019115				
2. Principal Place of Business - No P.O. Box # 3. Mailing Ad			ng Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			03032007	Chg-P	CR2E0	34 (12/06)	
City & State		City & State			4. FEI Numb	076 143	 38	-	oplied For of Applicable
Zip	Country	Zip Coun		itry	5. Certificate	of Status Desired		\$8.75 Ad Fee Require	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent Name					
GRAYCEN, ELYNE 2210 N TAMIAMI TRAIL NAPLES, FL 34103				Street Address	Address (P.O. Box Number is Not Acceptable)				
				Cirty			Fi	Zip Cod	e
6. The above name the obligation	rned entity submits this statement to s of registered agent.	or the purpose of changing it	s register	[ed office or registe	red agent, or bo	th, in the State of Fl		r familiar with,	and accept
	s or registered agent.								
SIGNATURE	redure, typed or printed name of registered agen	and His d applicable (NO	TE: Pagelere	d Ageni signesire require	d when reinstating)		CATE		
	NOWIII FEE IS \$150.00 1, 2007 Fee will be \$550	9. Election Campa Trust Fund Cor			.00 May Be ded to Fees				
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS	CHANGES TO OF	FICERS AND		
TITLE PRESIDENT; SCC. TROHS. Dollers MAKE FLYNEG RRYCEN STRETADORESS 559 BBY VILLUS LANC			NAM STREE					☐ Change	Addition
CITY-ST-ZP	NAPLES, FL. 3	4/08		·SI · ZIP					
HAME STREET ADDRESS		☐ Detete	titli Nam Stim					☐ Change	Addition
TITLE		☐ Qeleta	CITY	-ST-DP					- Classes
NAME STREET ADDRESS CITY-ST-ZIP		_ tess	nam Stre	l l				Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-2P		☐ Delcte						Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP		☐ Delate	TITLE NAM STRE	- -				Change	Addition
TITLE HAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TIFLE NAM STRE					Change	☐ Addition
of the corpor	ify that the information supplied wit this report or supplemental report ation or the receiver or trustee emp on an attachment with an address,	is true and accurate and that powered to execute this report	my signal	ive shall have the i	some lanal effor	t as il made : dec :	aath, shat i a		
SIGNATU		A THAT OF HOUSE OFFICE		,		126/07	239	-262	4440