2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2007
Secretary of State

DOCUMENT# P06000022953

Entity Name: CONSOLIDATED BEAUTY GROUP, INC

Current Principal Place of Business:

106 JULIA STREET
TITUSVILLE, FL 32796 US

New Principal Place of Business:

2909 W. NEW HAVEN AVE.
MELBOURNE, FL 32904 US

Current Mailing Address:

106 JULIA STREET
TITUSVILLE, FL 32796 US

New Mailing Address:

FEI Number: 01-0860292 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JEN-LEE DEVELOPMENT ,INC.
106 JULIA STREET
TITUSVILLE, FL 32796 US

Name and Address of New Registered Agent:

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:

Title: PD ( ) Delete
Name: RHOADES, LARRY
Address: 106 JULIA STREET
City-St-Zip: TITUSVILLE, FL 32796 US

Title: VPSD ( ) Delete
Name: ARNOFF, WILLIAM
Address: 106 JULIA STREET
City-St-Zip: TITUSVILLE, FL 32796 US

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VPD (X) Change ( ) Addition
Name: ARNOFF, WILLIAM
Address: 106 JULIA STREET
City-St-Zip: TITUSVILLE, FL 32796 US

Title: D ( ) Change (X) Addition
Name: ISABELLE, ARNOFF L
Address: 106 JULIA ST.
City-St-Zip: TITUSVILLE, FL 32796

Title: D ( ) Change (X) Addition
Name: JENNIFER, RHOADES
Address: 106 JULIA ST.
City-St-Zip: TITUSVILLE, FL 32796

Title: S ( ) Change (X) Addition
Name: JESSIE, BORCHERT R
Address: 106 JULIA ST.
City-St-Zip: TITUSVILLE, FL 32796

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: WILLIAM ARNOFF VPD 04/06/2007

Electronic Signature of Signing Officer or Director Date