

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2007 8:00 am
Secretary of State

05-01-2007 90031 010 ***150.00

DOCUMENT # P06000031154 1. Entity Name A BEAUTIFUL BEGINNING, INC.			
Principal Place of Business 12399 WESTHAMPTON CIRCLE WELLINGTON, FL 33414		Mailing Address 12399 WESTHAMPTON CIRCLE WELLINGTON, FL 33414	
2. Principal Place of Business - No P.O. Box # <i>A Beautiful Beginning</i> 633 SW Avenue B Suite, Apt. #, etc. Bele Glade 719 City & State 33430		3. Mailing Address Suite, Apt. #, etc. (SAME) City & State Zip 33430	
Country FL		Country FL	
4. FEI Number 01-08600238		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HODGES, VONTRECA 12399 WESTHAMPTON CIRCLE WELLINGTON, FL 33414		7. Name and Address of New Registered Agent Name <i>A Beautiful Beginning</i> Street Address (P.O. Box Number is Not Acceptable) 633 SW Avenue B City Bele Glade FL Zip 33430	
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 <i>Vontreca Hodges</i> DATE _____ <small>Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AYERS, AL 12399 WESTHAMPTON CIRCLE WELLINGTON, FL 33414	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HODGES, VONTRECA 12399 WESTHAMPTON CIRCLE WELLINGTON, FL 33414	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HODGES, WILLIE F JR 12399 WESTHAMPTON CIRCLE WELLINGTON, FL 33414	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST AYERS, VERNISA 12399 WESTHAMPTON CIRCLE WELLINGTON, FL 33414	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. 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.			
SIGNATURE: <i>Vontreca Hodges</i>		Date 4/20/07	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	