


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90851 029 ***150.00

DOCUMENT # P06000033888 1. Entity Name TRUE BEAUTY, INC.					
Principal Place of Business 237-A 126TH AVE TREASURE ISLAND, FL 33706			Mailing Address 237-A 126TH AVE TREASURE ISLAND, FL 33706		
2. Principal Place of Business - No P.O. Box # 3910 Duke Firth St Suite, Apt. #, etc.		3. Mailing Address 3910 Duke Firth St Suite, Apt. #, etc.			
City & State Land O Lakes FL		City & State Land O Lakes FL		4. FEI Number 11-3772047	
Zip 34638		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CARLSTON, WENDY 237-A 126TH AVE TREASURE ISLAND, FL 33706			7. Name and Address of New Registered Agent Name Wendy Carlston Street Address (P.O. Box Number is Not Acceptable) 3910 Duke Firth St City Land O Lakes FL Zip Code 34638		
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 <u><i>Wendy Carlston</i></u> DATE <u><i>4/27/07</i></u> <small>Signature, typed or printed name of registered agent and title 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	PD CARLSTON, WENDY 237-A 126TH AVE TREASURE ISLAND, FL 33706	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD Wendy Carlston 3910 Duke Firth St Land O Lakes, FL 34638	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<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: <u><i>Wendy Carlston</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u><i>4/17/07</i></u> Daytime Phone # <u><i>727-312-3255</i></u>		

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