## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## **Secretary of State** DOCUMENT # P06000033888 1. Entity Name 06-04-2008 90005 025 \*\*\*150.00 TRUÉ BEAUTY, INC. Principal Place of Business Mailing Address 3919 DUKE FIRTH ST 3910 DUKE FIRTH ST LAND O' LAKES, FL 34638 LAND O' LAKES\_FL 34638 No Chg-P CR2E034 (11/05) 02042008 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 11-3772947 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent CARLSTON, WENDY DO NOT WRITE 3910 DUKE FIRTH ST LAND O' LAKES; FL 34638 IN THIS SPACE 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 gsfered agent SIGNATURE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE CARLSTON, WENDY NAME 3910 DUKE FIRTH ST STREET ADDRESS CITY-ST-ZIP LAND O' LAKES, FL 34638 NAME STREET ADDRESS CITY-ST-ZIP THE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-7IP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-7IP 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 SIGNATURE:

FILED

Jun 04, 2008 8:00 am