

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000096580

FILED  
Apr 30, 2007  
Secretary of State

Entity Name: BEYOND MEASURES STYLING SALON, INC.

**Current Principal Place of Business:**

1841 S. FLORIDA AVE.  
QUINCY, FL 32351

**New Principal Place of Business:**

**Current Mailing Address:**

1841 S. FLORIDA AVE.  
QUINCY, FL 32351

**New Mailing Address:**

830 S. ADAMS ST.  
QUINCY, FL 32351

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MILLER, TALESHIA  
830 S. ADAMS ST.  
QUINCY, FL 32351 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: D ( ) Delete  
Name: MILLER, TALESHIA  
Address: 1841 S. FLORIDA AVE.  
City-St-Zip: QUINCY, FL 32351

Title: D ( ) Delete  
Name: MILLER, MICHAEL  
Address: 1841 S. FLORIDA AVE.  
City-St-Zip: QUINCY, FL 32351

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

I hereby certify that the information supplied with this filing does not qualify 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: TALESHIA MILLER

D

04/30/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date