2007 FOR PROFIT CORPORATION ANNUAL REPORT

8/13/2007-90021-044-$150.00-$150.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

08082007 Chg-P P.D. CR2E034 (12/06)

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1. Entity Name
RD BEAUTY CORPORATION

Principal Place of Business	Mailing Address
15716 GREEN COVE BLVD. CLERMONT, FL 34714	15716 GREEN COVE BLVD. CLERMONT, FL 34714

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
4970 W. IRLO BRONSON HWY	4970 W. IRLO BRONSON HWY
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: KISSIMMEE FL.	City & State: KISSIMMEE, FL.
Zip: 34746 Country: U.S.	Zip: 34746 Country: U.S.

4. FEI Number: 20-5886857 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DOMINGUEZ, ROCIO
15716 GREEN COVE BLVD.
CLERMONT, FL 34714

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

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: X Rocio Dominguez DATE: 8/7/07

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
Due by September 14, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DOMINGUEZ, ROCIO 15716 GREEN COVE BLVD. CLERMONT, FL 34714	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	9/27	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: X. Rocio Dominguez 8/7/07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #