## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## Jan 22, 2008 08:00 AM Secretary of State **DOCUMENT # P06000145901** 1. Entity Name MARIE & LINDA'S BEAUTIFICATIONS, INC. Mailing Address Principal Place of Business 3300 ALT. 19 N APT 125, DUNDEE DR 3300 ALT. 19 N APT 125, DUNDEE DR DUNEDIN, FL 34698 DUNEDIN, FL 34698 No Chg-P CR2E034 (11/05) 01142008 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-8072498 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DOUGLAS, MARIE C DO NOT WRITE 3300 ALT. 19 N APT 125, DUNDEE DR DUNEDIN, FL 34698 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 SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. n TITLE NAME DOUGLAS, MARIE C 3300 ALT. 19 N APT 125, DUNDEE DR STREET ADDRESS U000000790087: CITY-ST-ZIP DUNEDIN, FL 34698 01/23/08-80020-016 150:00: D TITLE NAME KELLEY, LINDA M STREET ADDRESS 3696 STONE FIELD ST SW CITY-ST-ZIP CONCORD, NC 28027 T/TLF NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP

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:

NAME STREET ADDRESS CITY-ST-ZIP

BIGNATURE AND TYPED OR PRINTED HAME OF BIGNING OFFICER OR DIRECTOR

Daytime Phone #

**FILED**