

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000097706

FILED  
Apr 12, 2010  
Secretary of State

Entity Name: SUZANNE'S PERSONAL CARE INC.

## Current Principal Place of Business:

333 SW DAGGET AVE.  
PORT ST. LUCIE, FL 34953

## New Principal Place of Business:

8507 S FEDERAL HWY  
PORT ST. LUCIE, FL 34952

## Current Mailing Address:

333 SW DAGGET AVE.  
PORT ST. LUCIE, FL 34953

## New Mailing Address:

8507 S FEDERAL HWY  
PORT ST. LUCIE, FL 34952

FEI Number: 26-4138670

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

WHITTAKER, JUDITH  
1271 SW SUDDER AVE.  
PORT ST. LUCIE, FL 34953 US

## Name and Address of New Registered Agent:

POWELL, SUZANNE  
333 SW DAGGET AVE  
PORT ST. LUCIE, FL 34953 US

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: SUZANNE POWELL

04/12/2010

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PCEO  
Name: POWELL, SUZANNE GOKOOL  
Address: 333 SW DAGGET AVE.  
City-St-Zip: PORT ST. LUCIE, FL 34953

Title: S  
Name: MOHAMMED, JAVED E  
Address: 333 SW DAGGET AVE.  
City-St-Zip: PORT ST. LUCIE, FL 34953

Title: T  
Name: POWELL, IVAN  
Address: 333 SW DAGGET AVE.  
City-St-Zip: PORT ST. LUCIE, FL 34953

I hereby 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 all other like empowered.

SIGNATURE: SUZANNE POWELL

P

04/12/2010

Electronic Signature of Signing Officer or Director

Date