2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2011
Secretary of State

DOCUMENT# P08000097706

Entity Name: SUZANNE'S PERSONAL CARE INC.

Current Principal Place of Business:

8507 S FEDERAL HWY
PORT ST. LUCIE, FL 34952

New Principal Place of Business:

8507 S FEDERAL HWY
SUITE 7
PORT ST. LUCIE, FL 34952

Current Mailing Address:

8507 S FEDERAL HWY
PORT ST. LUCIE, FL 34952

New Mailing Address:

8507 S FEDERAL HWY
SUITE 7
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:

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

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: JAVED E MOHAMMED S 04/27/2011

Electronic Signature of Signing Officer or Director Date