


**ANNUAL REPORT**

<b>DOCUMENT # P93000072721</b>		
1. Entity Name <b>HOT PINK LIPS, INC.</b>		
Principal Place of Business <b>1129 DEVON DOWNS AVENUE HENDERSON, NV 89015 US</b>	Mailing Address <b>1129 DEVON DOWNS AVENUE HENDERSON, NV 89015 US</b>	
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  <b>NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE SUITE 4 WESTON, FL 33331</b>		<b>DO NOT WRITE IN THIS SPACE</b>
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: _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE: _____		
<b>FILE NOW!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PD WILLETS, KATHERINE A 1129 DEVON DOWNS AVENUE HENDERSON, NV 89015	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY- ST- ZIP	STD WILLETS, JEFF 1129 DEVON DOWNS AVENUE HENDERSON, NV 89015	
TITLE NAME STREET ADDRESS CITY- ST- ZIP		
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TITLE NAME 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 or other like empowered.		
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: <b>4-7-06</b> Daytime Phone #: <b>702-558-4342</b>

**FILED**  
**Apr 14, 2006 08:00 AM**  
**Secretary of State**



03232006 No Chg-P CR2E034 (11/05)

4. FEI Number  
**65-0444353**

Applied For  
☐ Not Applicable

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

1100000509264  
04/28/06-80038-015 150.00