

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2007 08:00 A
Secretary of State

DOCUMENT # P93000072721

1. Entity Name
HOT PINK LIPS, INC.



Principal Place of Business
1129 DEVON DOWNS AVENUE
HENDERSON, NV 89015 US

Mailing Address
1129 DEVON DOWNS AVENUE
HENDERSON, NV 89015 US



04032007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0444353	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331

**DO NOT WRITE
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 the obligations of registered agent.

SIGNATURE _____ DATE _____
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
After May 1, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	WILLETS, KATHERINE A
STREET ADDRESS	1129 DEVON DOWNS AVENUE
CITY-ST-ZIP	HENDERSON, NV 89015

TITLE	STD
NAME	WILLETS, JEFF
STREET ADDRESS	1129 DEVON DOWNS AVENUE
CITY-ST-ZIP	HENDERSON, NV 89015

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000692825
04/16/07-80015-015 150.00

**DO NOT WRITE
IN THIS SPACE**

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: JEFFREY D. WILLETS SK/TREJ 4-3-07 702-558-9342
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #