2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2005
Secretary of State

DOCUMENT# P95000034547

Entity Name: BEAUTY EXPRESS OF PENSACOLA, INC.

Current Principal Place of Business:

955 MASSACHUSETTS AVENUE STE 2
PENSACOLA, FL 32505

New Principal Place of Business:

Current Mailing Address:

955 MASSACHUSETTS AVENUE STE 2
PENSACOLA, FL 32505

New Mailing Address:

1033 YELLOWSTONE PASS
CANTONMENT, FL 32533

FEI Number: 59-3325283 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

EDWARDS, NORMAN
955 MASSACHUSETTS AVENUE STE 2
PENSACOLA, FL 32505 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: EDWARDS, DAWN
Address: 866 BEL AIR ROAD
City-St-Zip: PENSACOLA, FL 32505

Title: D ( ) Delete
Name: EDWARDS, NORMAN
Address: 866 BEL AIR ROAD
City-St-Zip: PENSACOLA, FL 32505

Title: D ( ) Delete
Name: RAND, LINDA
Address: 4474 MONTCLAIR RD.
City-St-Zip: PENSACOLA, FL 32505

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: EDWARDS, DAWN
Address: 1033 YELLOWSTONE PASS
City-St-Zip: CANTONMENT, FL 32533

Title: D (X) Change ( ) Addition
Name: EDWARDS, NORMAN
Address: 1033 YELLOWSTONE PASS
City-St-Zip: CANTONMENT, FL 32533

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: NORMAN D EDWARDS V/P 04/30/2005

Electronic Signature of Signing Officer or Director — Date