

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000034547

FILED
Apr 30, 2009
Secretary of State

Entity Name: BEAUTY EXPRESS OF PENSACOLA, INC.

Current Principal Place of Business:

955 MASSACHUSETTS AVENUE
SUITE #1
PENSACOLA, FL 32505

New Principal Place of Business:

15 E. BRENT LANE
SUITE #9A
PENSACOLA, FL 32503

Current Mailing Address:

1033 YELLOWSTONE PASS
CANTONMENT, FL 32533

New Mailing Address:

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 D
955 MASSACHUSETTS AVENUE
SUITE#1
PENSACOLA, FL 32505 US

Name and Address of New Registered Agent:

EDWARDS, NORMAN D
1033 YELLOWSTONE PASS
CANTONMENT, FL 32533 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:

04/30/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 EDWARDS

D

04/30/2009

Electronic Signature of Signing Officer or Director

Date