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FILED
Mar 22, 2004 8:00 am
Secretary of State
03-08-2004 90035 031 ***150.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P96000008037

1. Entity Name
BEAUTY CONCEPTS, INC.

Principal Place of Business	Mailing Address
2551 N ATLANTIC AVE DAYTONA BEACH, FL 32118 US	2551 N ATLANTIC AVE DAYTONA BEACH, FL 32118 US

02242004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
2551 N. Atlantic Ave Suite, Apt. #, etc.	219 S. Oleander Ave Suite, Apt. #, etc.
City & State: Daytona Beach FL	City & State: Daytona Beach FL
Zip: 32118 Country:	Zip: 32118 Country:

4. FEI Number: 59-3354269 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
VAUGHN, KIM L 2551 N ATLANTIC AVE DAYTONA BEACH, FL 32118	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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: Ly Vaughn Kimly Appenzeller 2/27/04
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required for reinstating) Date

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P VAUGHN, LY KIM 2551 N ATLANTIC AVE DAYTONA BEACH, FL 32118	President ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V VAUGHN, LEIGH 5712 RENEE COURT LILBURN, GA 30047	Vice president ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~P~~ Kimly Appenzeller 47 sweet water cir Oviedo, FL 32765	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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: Ly Vaughn 2/27/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date