

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000048546

FILED
Apr 17, 2009
Secretary of State

Entity Name: AMERICAN BEAUTY PROFESSIONALS, INC.

Current Principal Place of Business:

4291 SHOAL LINE BLVD
HERNANDO BEACH, FL 34607

New Principal Place of Business:

Current Mailing Address:

4291 SHOAL LINE BLVD
HERNANDO BEACH, FL 34607

New Mailing Address:

FEI Number: 59-3384066

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ADAMS, ROY W
4291 SHOAL LINE BLVD
HERNANDO BEACH, FL 34607 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: ADAMS, ROY W
Address: 4291 SHOAL LINE BLVD
City-St-Zip: HERNANDO BEACH, FL 34607

Title: D () Delete
Name: BAIRD, MARY F
Address: 4407 CALIENTE ST APT 1
City-St-Zip: HERNANDO BEACH, FL 34607

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: ADAMS, ROY W
Address: 4291 SHOAL LINE BLVD
City-St-Zip: HERNANDO BEACH, FL 34607

Title: V (X) Change () Addition
Name: BAIRD, MARY F
Address: 4407 CALIENTE ST APT 1
City-St-Zip: HERNANDO BEACH, FL 34607

Title: T () Change (X) Addition
Name: MARQUIS, CECILE L
Address: 3359 TURKS CAP DRIVE
City-St-Zip: HERNANDO BEACH, FL 34607

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: ROY W ADAMS

P

04/17/2009

Electronic Signature of Signing Officer or Director

_____ Date