

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000058261

FILED
Apr 10, 2006
Secretary of State

Entity Name: A COLLAGE OF BEAUTY INC.

Current Principal Place of Business:

751 12TH AVE S
NAPLES, FL 34102 US

New Principal Place of Business:

Current Mailing Address:

751 12TH AVE S
NAPLES, FL 34102 US

New Mailing Address:

FEI Number: 59-3387338

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DIXON, VICKI L
1844 HARBOR PLACE
NAPLES, FL 34104 US

Name and Address of New Registered Agent:

DIXON, VICKI L
1844 HARBOR PL
NAPLES, FL 34104 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: LOIS E SHIELDS

04/10/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: SHIELDS, LOIS E
Address: 138 PLANTATION CIRCLE
City-St-Zip: NAPLES, FL 34104

Title: D () Delete
Name: DIXON, VICKI L
Address: 1844 HARBOR PLACE
City-St-Zip: NAPLES, FL 34104

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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: LOIS E SHIELDS

D

04/10/2006

Electronic Signature of Signing Officer or Director

Date