2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000094696

FILED Jun 01, 2005 Secretary of State

Entity Name: KARLINE'S BEAUTY SPA OF THE PALM BEACHES, INC. **Current Principal Place of Business: New Principal Place of Business:** 1900 OKEECOBEE BLVD SUITE A8 WEST PALM BEACH, FL 33409 **New Mailing Address: Current Mailing Address:** 1900 OKEECHOBEE BLVD SUITE A8 WEST PALM BEACH, FL 33409 FEI Number: 65-0720378 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: RICKETTS, KARLINE 1900 OKEÉCHOBEE BLVD. STE 8A WEST PALM BEACH, FL 33409 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: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete Title: (X) Change () Addition RICKETTS, KARLINE RICKETTS, KARLINE Name: 4117 HEATH CIRCLE SOUTH 1900 OKEECHOBEE BLVD, SUITE A8 Address:

Title: Name: Address: City-St-Zip: WEST PALM BEACH, FL 33407 City-St-Zip: WEST PALM BEACH, FL 33409 Title: (X) Change () Addition Title: () Delete Name: MACK, JEROME Name: HENCLEWOOD, FAY 4117 HEATH CIRCLE SOUTH 1900 OKEECHOBEE BLVD, SUITE A8 Address: Address:

WEST PALM BEACH, FL 33407 WEST PALM BEACH, FL 33409 City-St-Zip: City-St-Zip: () Delete Title: Title: (X) Change () Addition

GIBSON, TAKIYA C GIBSON, TAKIYA C Name: Name:

1900 OKEECHOBEE BLVD, SUITE A8 1350 FERNLEA DRIVE Address: Address: City-St-Zip: WEST PALM BEACH, FL 33417 City-St-Zip: WEST PALM BEACH, FL 33409

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: KARLINE RICKETTS D 06/01/2005