FILE NOW: FILING FEE AFTER MAY 1ST IS $550.00

PROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 10, 1999 8:00 am
Secretary of State
05-10-1999 90255 001 ***150.00

DOCUMENT # P98000013254 ✓

1. Corporation Name

GET GORGEOUS, INC.

[redacted]

Principal Place of Business	Mailing Address
c/o Catherine Corsello 1531 S.E. Port St. Lucie Blvd Port St. Lucie, Fl. 34952	SAME

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 2/10/1998

2. Principal Place of Business	2a. Mailing Address
21 201 S.W.Port St.Lucie Blvd.	26 119 SW Eyerly Ave.
Suite, Apt. #, etc. 22 Ste. 101	Suite, Apt. #, etc. 27
City & State 23 Port.St. Lucie	City & State 28 Port St. Lucie
Zip / Country 24 34984 25 St. Lucie	Zip / Country 29 34983 30 ST.Lucie

4. FEI Number: 65-0834872 ☐ Applied For ☐ Not Applicable

5. Certifcate of Status Desired ☐ — $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes X No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
Corsello, Catherine 1531 SE Port St.Lucie Blvd. Port St. Lucie, Fl. 34952	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 ~~1031 NW Bayshore Blvd.~~ 84 City: ~~Port St. Lucie~~ FL 85 Zip Code: ~~34983~~

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Dawn M. Neumayer PRESIDENT — 4/30/99
(Type or print name of registered agent and title if applicable) (NOTE: Registered Agent Signature required when reinstating) DATE

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP: Director Corsello, Catherine 1531 SEPort STLucie Blvd. Port St Lucie,FL 34952 ☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP: director, Vice Pres. corsello, Catherine 1031 NW Bayshore Blvd. Port St. Lucie, Fl 34983 ☐ Change X ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP: ☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP: D,P,S,T. Neumayer, Dawn M. 119 SW Eyerly Ave.,Port St.Lucie Fl. 34983 ☐ Change XX ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP: ☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP: ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP: ☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP: ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP: ☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP: ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP: ☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP: ☐ Change ☐ Addition

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Dawn M. Neumayer PRESIDENT — 4/30/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Dawn M. Neumayer

CR2E034 (11/98)