2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 30, 2005
Secretary of State

DOCUMENT# P98000039539

Entity Name: VIBE BEAUTY SUPPLY, INC.

Current Principal Place of Business:

3109 WEST COLONIAL DRIVE
ORLANDO, FL 32808

New Principal Place of Business:

Current Mailing Address:

3109 WEST COLONIAL DRIVE
ORLANDO, FL 32808

New Mailing Address:

FEI Number: 59-3508791 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MOUTCHOU, MUSTAPHA
3109 WEST COLONIAL DRIVE
ORLANDO, FL 32808 US

Name and Address of New Registered Agent:

SLIMAN, ALIM
3109 WEST COLONIAL DRIVE
ORLANDO, FL 32808 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: SLIMAN ALIM 06/30/2005
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PSTD ( ) Delete
Name: MOUTCHOU, MUSTAPHA
Address: 3109 WEST COLONIAL DRIVE
City-St-Zip: ORLANDO, FL 32808

Title: VP ( ) Delete
Name: ALIM, SLIMAN
Address: 3109 W COLONIAL DR
City-St-Zip: ORLANDO, FL 32808O

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change ( ) Addition
Name: SLIMAN, ALIM
Address: 3109 WEST COLONIAL DRIVE
City-St-Zip: ORLANDO, FL 32808

Title: VP (X) Change ( ) Addition
Name: SOUNNI, MOHAMED
Address: 3109 W COLONIAL DR
City-St-Zip: ORLANDO, FL 32808O

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: ALIM SLIMAN PSD 06/30/2005
Electronic Signature of Signing Officer or Director Date