



# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2004 8:00 am**  
**Secretary of State**

04-30-2004 90303 049 \*\*\*150.00

<b>DOCUMENT # P98000042219</b> 1. Entity Name <b>THE BEAUTY COTTAGE, INC.</b>																																					
Principal Place of Business <b>162 SOUTHEAST 5TH AVENUE DELRAY BEACH, FL 33483</b>			Mailing Address <b>85 SE 4TH AVE #404 DELRAY BEACH, FL 33483</b>																																		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address <b>85 SE 4th Ave 104</b>																																			
City & State <b>Delray Bch FL</b>		City & State <b>Delray Bch FL</b>																																			
Zip <b>33483</b>		Country <b>USA</b>																																			
4. FEI Number <b>65-0834232</b>				Applied For <input type="checkbox"/> Not Applicable																																	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				04232004 Chg-P CR2E034 (10/03)																																	
6. Name and Address of Current Registered Agent  <b>DIMARZO, NANCY 162 S.E. 5TH AVENUE DELRAY BEACH, FL 33483</b>			7. Name and Address of New Registered Agent Name <b>Nancy DiMarzo</b> Street Address (P.O. Box Number is Not Acceptable) <b>851 SE 6th Ave #102</b> City <b>Delray Bch</b> FL <b>33483</b>																																		
8. 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. I am familiar with, and accept the obligations of registered agent.  SIGNATURE <u>Nancy DiMarzo</u> DATE <u>4.23.04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered agent signature required when reinstating)</small>																																					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																																			
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 70%;"> <b>PSTD DIMARZO, NANCY 162 SOUTHEAST 5TH AVENUE DELRAY BEACH, FL 33483</b> <input type="checkbox"/> Delete         </td> </tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> </table>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PSTD DIMARZO, NANCY 162 SOUTHEAST 5TH AVENUE DELRAY BEACH, FL 33483</b> <input type="checkbox"/> Delete															11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 70%;"> <b>Nancy DiMarzo</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition  <b>851 SE 6th Ave #102</b>  <b>Delray Bch, FL 33483</b> </td> </tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> </table>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Nancy DiMarzo</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>851 SE 6th Ave #102</b> <b>Delray Bch, FL 33483</b>														
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12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.																																					
SIGNATURE: <u>Nancy DiMarzo</u> <u>Nancy DiMarzo</u> DATE <u>4.23.04</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																																					