## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000083352

FILED Apr 10, 2009 Secretary of State

| Entity Name: BEAUTE' THERAPIES, INC.   |   |
|--|---|
| Current Principal Place of Business:   | New Principal Place of Business:  |
| 4600 SOUTH DIXIE HWY<br>WEST PALM BEACH, FL 33405  | 2511 B S. DIXIE HIGHWAY<br>WEST PALM BEACH, FL 33401  |
| Current Mailing Address:   | New Mailing Address:  |
| 14 HARBOR DR<br>LAKE WORTH, FL 33460   |   |
| FEI Number: 65-0866125 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:   |
| RENE, PETER<br>RENE & ASSOCIATES PA<br>550 HERITAGE DR #180<br>JUPITER, FL 33458 US                      | SUSAN, MACPHERSON<br>14 HARBOR DRIVE<br>LAKE WORTH, FL 33460 US   |
| The above named entity submits this statement for the prin the State of Florida.                         | urpose of changing its registered office or registered agent, or both,  |
| SIGNATURE: SUSAN MACPHERSON  | 04/10/2009  |
| Electronic Signature of Registered Age   | nt Date   |
| Election Campaign Financing Trust Fund Contribution ( ).   |   |
| OFFICERS AND DIRECTORS:  | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:  |
| Title: DPST () Delete Name: MAC PHERSON, SUSAN C Address: 14 HARBOR DR City-St-Zip: LAKE WORTH, FL 33460 | Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:  |
| Title: ( ) Delete Name: Address: City-St-Zip:  | Title: VP () Change (X) Addition Name: DISCHINO, COSMO Address: 14 HARBOR DRIVE City-St-Zip: LAKE WORTH, FL 33460 |

I hereby certify that the information supplied with this filing does not qualify 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: SUSAN MAC PHERSON DPST 04/10/2009