2006 FOR PROFIT CORPORATION ANNUAL REPORT

Secretary of State DOCUMENT # S84286 07-17-2006 90140 050 ***150.00 1. Entity Name GPM COSMETICS, INC. Principal Place of Business Mailing Address **438 HARRISON AVE 438 HARRISON AVE** PANAMA CITY, FL 32401 PANAMA CITY, FL 32401 2. Principal Place of Business 2204 MLK JR BLVD 3. Mailing Address ユ20リ MLKJR BLVD Suite, Apt. #, etc. Suite, Apt. #, etc. 07132006 Chg-P CR2E034 (11/05) City & State PANAMA C. + J. Fl 4 FFI Number Applied For SINA SIAM MA CITY 59-3090326 Not Applicable Zip 32405 Country J A \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MATHEWS, GLENDA-E 438 HARRISON AVE Street Address (P.O. Box Number is Not Acceptable) 2204 WLV LR BLVD PANAMA CITY, FL 32401 RAXIAMA City Zip Code プスソウン 3. 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. Dleade E. Mathean 7-13-06 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOWIII FEE IS \$150.00 \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. Added to Fees corporation did not receive the prior notice. Due by September 6, 2006 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. D TITLE Delete TITLE Æ Change ☐ Addition MATHEUS, GLENDA E 2204 MIR JABLVD PAHAMACITY, FL 32405 MATHEWS, GLENDA E. NAME NAME STREET ADORESS 438 HARRISON AVE STREET ADDRESS CITY-ST-ZIP PANAMA CITY, FL 32401 CITY-ST-ZIP TITLE MATHEWS, RICHARDG. 2204 MLK JR BLVD PAHAMA CITY, KI 33 Detete MATHEWS, RICHARD G NAME NAME STREET ADDRESS 438 HARRISON AVE STREET ADDRESS C, ty, R1 32405 CITY-ST-ZIP PANAMA CITY, FL 32401 CITY-ST-ZIP ☐ Delete Change TITLE TITEF ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-78P CITY-ST-ZIP Defete IIILE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.

FILED

Jul 17, 2006 8:00 am