
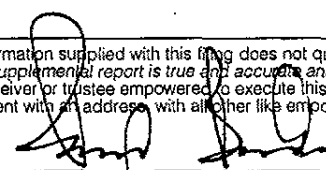


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Feb 10, 2006 08:00 AM
Secretary of State**

DOCUMENT # V08341 1. Entity Name NATURE'S BEAUTY, INC.					
Principal Place of Business 1252 NE 38TH ST FT LAUDERDALE, FL 33334		Mailing Address 3431 NE 17TH TERRACE FT LAUDERDALE, FL 33334			
DO NOT WRITE IN THIS SPACE					
				01062006 No Chg-P CR2E034 (11/05)	
				4. FEI Number 65-0306318 Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent BOENDER, RONALD 3431 NE 17TH TERRACE FT LAUDERDALE, FL 33334		DO NOT WRITE IN THIS SPACE			
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small> DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE 000000428872 02/21/06-80062-023 150.00			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOENDER, RONALD 3431 NE 17TH TERRACE FT LAUDERDALE, FL				
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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.					
SIGNATURE:  X		2-7-06 954 977 4434			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #			