No. <b>C 181682</b>		Γ	Due no later than Jan 31, 2011	2. Registered A	2. Registered Agent and Address (NO PO BOX)			
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  NO FILING FEE IF RECEIVED BY DUE DATE		Annual Report Form  1. Mailing Address: Correct in this box if needed.  PRO'S CHOICE BEAUTY CARE, INC. 35 SAWGRASS DR BELLPORT NY 11713 USA		12550 W EX BOISE ID 8 USA	3. <u>New</u> Registered Agent Signature:*			
4. Corporations: Enter Nan	nes and Busin	ess Addresses c	of President, Secretary, and Directors. Treas	urer (optional).				
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
DIRECTOR RUTH NUSSI		DORF	35 SAWGRASS DR	BELLPORT	NY	USA	11713	
TREASURER MAY CHROM		1EY	35 SAWGRASS DR	BELLPORT	NY	USA	11713	
PRESIDENT MICHAEL RO		SS	35 SAWGRASS DR	BELLPORT	NY	USA	11713	
SECRETARY	MAY CHROMEY		35 SAWGRASS DR	BELLPORT	NY	USA	11713	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
NJ C 181682		Signature: May Chromey			Date: 12/10/2010			
		Name (type	or print): May Chromey		Title: Secretary			
Processed 12/10/2010	* Electronically provided signatures are accepted as original signatures.							