

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F94000003105

FILED  
Jan 05, 2009  
Secretary of State

Entity Name: CREATIVE HAIRDRESSERS, INC.

## Current Principal Place of Business:

1577 SPRING HILL ROAD  
500  
VIENNA, VA 22182

## New Principal Place of Business:

## Current Mailing Address:

1577 SPRING HILL ROAD  
500  
VIENNA, VA 22182

## New Mailing Address:

FEI Number: 54-0976060      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

PARACORP INCORPORATED  
236 EAST 6TH AVE  
TALLAHASSEE, FL 32303      US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: CEO ( ) Delete  
Name: RATNER, DENNIS F  
Address: 1577 SPRING HILL ROAD, 500  
City-St-Zip: VIENNA, VA 22182

Title: CS ( ) Delete  
Name: RATNER, ANN  
Address: 1577 SPRING HILL ROAD 500  
City-St-Zip: VIENNA, VA 22182

Title: DVAS ( ) Delete  
Name: RATNER, GARY  
Address: 1577 SPRING HILL ROAD 500  
City-St-Zip: VIENNA, VA 22182

Title: TVAS ( ) Delete  
Name: SIEGEL, RONALD G  
Address: 1577 SPRING HILL ROAD 500  
City-St-Zip: VIENNA, VA 22182

Title: VPAS ( ) Delete  
Name: MARDIKS, LESTER D  
Address: 1577 SPRING HILL ROAD SUITE 500  
City-St-Zip: VIENNA, VA 22182

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: LESTER D. MARDIKS

VPAS

01/05/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date