06/30/2005 11:17 727-789-6457 ACCTG CLIN

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FILED
Jul 25, 2005 8:00 am
Secretary of State
07-05-2005 90119 036 ***150.00

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # K62442

1. Entity Name
WAVEMAKERS HAIR STUDIO, INC.

66025054

Principal Place of Business: ~~6575 9TH ST N~~ ST PETERSBURG, FL 33702 US

Mailing Address: ~~6575 9TH ST N~~ ST PETERSBURG, FL 33702 US

2. Principal Place of Business: 8375 DR. M.L. King St N
Suite, Apt. #, etc.
City & State
Zip | Country

3. Mailing Address: 8375 DR ML King St. N.
Suite, Apt. #, etc.
City & State
Zip | Country

06302006 Chg-P CR2E034 (10/03)

4. FEI Number: 59-2942342 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SULLIVAN, FAYE
1123 KNOLLWOOD DR
SAFETY HARBOR, FL 34695

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 ______ DATE

FILE NOW!!! FEE IS $150.00
Due by September 7, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD SULLIVAN, NEIL 1123 KNOLLWOOD DR SAFETY HARBOR, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P SULLIVAN, FAYE 1123 KNOLLWOOD DR SAFETY HARBOR, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 Faye Sullivan Pr 6/30/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

7/21/05

ATTACHMENT #K62442

Florida Dept. of State. 64035054

I did not receive my postcard or any correspondence for my corporation report. My address changed + I sent you a letter explaining. I spoke to Jessica. Please waive my 400 late fee. The business is Wavemakers Hair Studio, 8375 Dr. M L. King St. N. St. Petersburg, Florida, 33702. Phone # is 727 579 0550.

Thank you.
Faye Sullivan/Pr.