

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 13, 2006 08:00 AM
Secretary of State

DOCUMENT # K62442 1. Entity Name WAVEMAKERS HAIR STUDIO, INC.	
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Principal Place of Business 8375 DR ML KING ST N ST PETERSBURG, FL 33702 US	Mailing Address 8375 DR ML KING ST N ST PETERSBURG, FL 33702 US
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02012006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2942342	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent SULLIVAN, FAYE 1123 KNOLLWOOD DR SAFETY HARBOR, FL 34695
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**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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD SULLIVAN, NEIL 1123 KNOLLWOOD DR SAFETY HARBOR, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SULLIVAN, FAYE 1123 KNOLLWOOD DR SAFETY HARBOR, FL
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02/23/06-80041-024 150.00

**DO NOT WRITE
IN THIS SPACE**

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: Gaye Sullivan 2/10/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #