

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K62442

FILED  
Feb 07, 2012  
Secretary of State

**Entity Name:** WAVEMAKERS HAIR STUDIO, INC.

**Current Principal Place of Business:**

1123 KNOLLWOOD DR.  
SAFETY HARBOR, FL 34695 US

**New Principal Place of Business:**

**Current Mailing Address:**

1123 KNOLLWOOD DR.  
SAFETY HARBOR, FL 34695 US

**New Mailing Address:**

**FEI Number:** 59-2942342      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SULLIVAN, FAYE  
1123 KNOLLWOOD DR  
SAFETY HARBOR, FL 34695 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

**OFFICERS AND DIRECTORS:**

Title: STD  
Name: SULLIVAN, NEIL  
Address: 1123 KNOLLWOOD DR  
City-St-Zip: SAFETY HARBOR, FL

Title: P  
Name: SULLIVAN, FAYE  
Address: 1123 KNOLLWOOD DR  
City-St-Zip: SAFETY HARBOR, FL

I hereby 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 all other like empowered.

SIGNATURE: FAYE SULLIVAN

P

02/07/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date