


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2007 8:00 am
Secretary of State

03-12-2007 90374 034 ***150.00

DOCUMENT # P06000044437

1. Entity Name
CUSTOM WIGS OF THE PALM BEACHES, INC.



Principal Place of Business Mailing Address
2244 SOUNDINGS COURT WEST PALM BEACH, FL 33413 US **2244 SOUNDINGS COURT WEST PALM BEACH, FL 33413 US**

2. Principal Place of Business - No P.O. Box #
1276 N. Military Tr.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
West Palm Beach FL

City & State
 Zip
33409 Country
USA



01032007 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent
STONE, JIM
2244 SOUNDINGS COURT
WEST PALM BEACH, FL 33413

4. FEI Number
56-2574219 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

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  **James Stone R.A.** DATE **3/6/07**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00

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

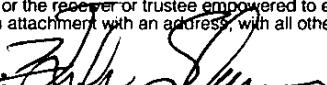
10. OFFICERS AND DIRECTORS

TITLE	P/D	Delete
NAME STONE, IJEOMA	<input type="checkbox"/>	<input type="checkbox"/>
STREET ADDRESS 2244 SOUNDINGS COURT		
CITY-ST-ZIP WEST PALM BEACH, FL 33413		
TITLE	Delete	
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Delete	
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Delete	
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	Change	Addition
NAME	<input type="checkbox"/>	<input type="checkbox"/>
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Change	Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Change	Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Change	Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:  **IJEOMA STONE, DOR** DATE **3/6/2007** DAYTIME PHONE # **561-723-9801**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #