2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 29, 2008 8:00 am
Secretary of State
07-07-2008 90003 030 ***150.00

DOCUMENT # P07000002931

1. Entity Name
AH HA! BOUTIQUE & NAILS INC

Principal Place of Business	Mailing Address
756 BALDWIN AVENUE, ~~SUITE D~~ DEFUNIAK SPRINGS, FL 32433 US	756 BALDWIN AVENUE, ~~SUITE D~~ DEFUNIAK SPRINGS, FL 32433 US

66015654

07022008 Chg-P CR2E034 (12/06)
74-3198925

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
766 BALDWIN AVENUE	766 BALDWIN AVE
Suite, Apt. #, etc.	Suite, Apt. # etc
City & State: DEFUNIAK SPRINGS FL	City & State: DEFUNIAK SPRINGS FL
Zip: 32435 Country:	Zip: 32435 Country:

4. FEI Number: 74-3198925 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

TOWNSEND, CYNTHIA
756 BALDWIN AVENUE, ~~SUITE D~~
DEFUNIAK SPRINGS, FL 32433

7. Name and Address of New Registered Agent

Name:
Street Address (P.O. Box Number is Not Acceptable): 766 BALDWIN AVENUE
City: DE FUNIAK SPRINGS FL Zip Code: 32435

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] DATE: 7/3/08
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
Due by September 12, 2008

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

TITLE	P,D	☐ Delete
NAME	TOWNSEND, CYNTHIA	
STREET ADDRESS	52 TRUCKIN LANE, P.O. BOX 607	
CITY-ST-ZIP	PONCE DE LEON, FL 32455	
TITLE	VP,D	☐ Delete
NAME	TOWNSEND, BRUCE	
STREET ADDRESS	52 TRUCKIN LANE, P.O. BOX 607	
CITY-ST-ZIP	PONCE DE LEON, FL 32455	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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 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: [signature] 7/3/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #