2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004
Secretary of State

DOCUMENT# P94000087384

Entity Name: FRINGE HAIR & NAIL DESIGNERS, INC.

Current Principal Place of Business:

1140 E ALTAMONTE DR
STE 1014
ALTAMONTE SPRINGS, FL 32701 US

New Principal Place of Business:

Current Mailing Address:

1140 E ALTAMONTE DR
STE 1014
ALTAMONTE SPRINGS, LF 32701 US

New Mailing Address:

FEI Number: 59-3282285 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

O'LEARY, PETER F
1360 SONNET COURT
DELTONA, FL 32738

Name and Address of New Registered Agent:

O'LEARY, PETER F
439 SPRINGHOLLOW BLVD.
APOPKA, FL 32712

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: PETER O'LEARY 04/26/2004
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: MORLEN, DENISE L
Address: 1360 SONNET COURT
City-St-Zip: DELTONA, FL 32738

Title: VP ( ) Delete
Name: BROWNE, ROSEMARIE
Address: 439 SPRING HOLLOW BLVD
City-St-Zip: APOPKA, FL

Title: STD ( ) Delete
Name: O'LEARY, PETER F
Address: 1360 SONNET COURT
City-St-Zip: DELTONA, FL 32738

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: STD (X) Change ( ) Addition
Name: O'LEARY, PETER F
Address: SPRINGHOLLOW BLVD.
City-St-Zip: APOPKA, FL 32712

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: ROSE BROWNE VP 04/26/2004
Electronic Signature of Signing Officer or Director Date