

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000087384

FILED
Apr 30, 2008
Secretary of State

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:

BROWNE, ROSEMARIE
439 SPRINGHOLLOW BLVD.
APOPKA, FL 32712 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BROWNE, ROSEMARIE
Address: 439 SPRING HOLLOW BLVD
City-St-Zip: APOPKA, FL 32712

Title: VP () Delete
Name: O'LEARY, PETER F
Address: SPRINGHOLLOW BLVD.
City-St-Zip: APOPKA, FL 32712

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: ROSEMARIE BROWNE

P

04/30/2008

Electronic Signature of Signing Officer or Director

Date