2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005
Secretary of State

DOCUMENT# 357674

Entity Name: ARTISTIC COIFFURES INC

Current Principal Place of Business:

1349 E. CALL ST
TALLAHASSEE, FL 32304

New Principal Place of Business:

Current Mailing Address:

1349 E. CALL ST
TALLAHASSEE, FL 32304

New Mailing Address:

FEI Number: 59-1285593 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JOHNSON, DONALD
2913 GERALD DR
TALLAHASSEE, FL 32310 US

Name and Address of New Registered Agent:

JOHNSON, DONALD
209 NATURAL BRIDGE RD
MONTICELLO, FL 32344 US

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: _____ 04/29/2005
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: VP ( ) Delete
Name: BICKLEY, BETTY,
Address: 7 GILCREASE LANE
City-St-Zip: QUINCY, FL 32351

Title: P ( ) Delete
Name: JOHNSON, DONALD,
Address: 2913 GERALD DR
City-St-Zip: TALLAHASSEE, FL 32310

Title: VP ( ) Delete
Name: JOHNSON, SUZANNE M
Address: 2913 GERALD DR
City-St-Zip: TALLAHASSEE, FL 32310

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: P (X) Change ( ) Addition
Name: JOHNSON, DONALD,
Address: 209 NATURAL BRIDGE RD
City-St-Zip: MONTICELLO, FL 32344

Title: VP (X) Change ( ) Addition
Name: JOHNSON, SUZANNE M
Address: 209 NATURAL BRIDGE RD
City-St-Zip: MONTICELLO, FL 32344

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: DONALD JOHNSON PRES 04/29/2005
Electronic Signature of Signing Officer or Director — Date