2005 FOR PROFIT CORPORATION ANNUAL REPORT

Secretary of State **DOCUMENT # F02000000984** 05-04-2005 90141 026 ***150.00 CHIC HAIR GOODS & ACCESSORIES CORPORATION Principal Place of Business Mailing Address 14 MENDOTA ROAD 14 MENDOTA ROAD 20057275 TORONTO, ONTARIO, M8Y 1E8 TORONTO, ONTARIO, M8Y 1E8 CANADA. CANADA. CR2E034 (10/03) 04262005 No Chg-P DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 98-0357052 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY DO NOT WRITE 1201 HAYS STREET TALLAHASSEE, FL 32301-2525 IN THIS SPACE 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOWIII FEE IS \$150,00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. PD TITLE NAME MARTIN, LESLIE E 14 MENDOTA ROAD STREET ADDRESS CITY - ST - ZIP TORONTO, ONTARIO, CANADA, TITLE YOKSIMORICH, STEVE NAME 14 MENDOTA ROAD STREET ADDRESS CITY-ST-7IP TORONTO, ONTARIO, CANADA, CONT TILE YEH, RICHARD 14 MENDOTA ROAD STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TORONTO, ONTARIO, CANADA, IN THIS SPACE SANDER, DOUG NAME 14 MENDOTA ROAD STREET ADDRESS CITY - ST - ZIP CANADA M8Y 1E8, TITLE NAME STREET ADDRESS CITY-ST-ZIP

FILED

May 04, 2005 8:00 am

12. I hereby certify that the information supplied with this filing does not qualify 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 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.

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE: RICHARD YEH Apr. 26/05 800 - 268 - 22