## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F03000001461

Title:

Name:

Address:

City-St-Zip:

CFO

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SPENCER, PHILLIP L

MIDLAND, NC 28107

84 WINDING TRAIL LANE

FILED Jan 06, 2007 Secretary of State

Entity Nar	ne: COLUMB	IA BEAUTY SUPPLY, INC.				
Current Principal Place of Business:			New Princ	New Principal Place of Business:		
	ER POINT DR TE, NC 28227					
Current Mailing Address:			New Mailii	New Mailing Address:		
P.O. BOX ( MATTHEW	579 /S, NC 28106					
FEI Number:	57-0144840	FEI Number Applied For ( )	l Number Not Appli	cable ( ) Certi	ficate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and	Name and Address of New Registered Agent:		
1200 SOU	ORATION SYS TH PINE ISLAN ON, FL 33324	ND ROAD				
	named entity s of Florida.	submits this statement for the purpo	se of changing it	s registered office o	or registered agent, or both,	
SIGNATUR	RE:					
Electronic Signature of Registered Agent				Date		
Election Can	npaign Financing	Trust Fund Contribution ( ).				
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	P () ANDERSON, J. 300 SIMMON TE CHARLOTTE, N	REE ROAD	Title: Name: Address: City-St-Zip:	P (X) Chan ANDERSON, J. DONA 3000 SIMMON TREE CHARLOTTE, NC 282	ROAD	
Title: Name: Address: City-St-Zip:	S () PENCE, ELIZAE 4132 TYNG WA CHARLOTTE, N	Y	Title: Name: Address: City-St-Zip:	()Chang	ge ( ) Addition	
Title: Name: Address: City-St-Zip:	T () ANDERSON, BF 3915 SUSSEX A CHARLOTTE, N	AVE	Title: Name: Address: City-St-Zip:	T (X) Chan ANDERSON, WILLIAM 1510 EXETER ROAD CHARLOTTE, NC 282		

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

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: PHILLIP LEE SPENCER CFO 01/06/2007

() Change () Addition