2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

May 02, 2005 08:00 AV DOCUMENT # F35576 **Secretary of State** 1. Entity Name DIMENSIONAL HAIR, INC. Principal Place of Business · Māiling Address 221-C W.WATERS AVE. 221-C W.WATERS AVE. **TAMPA FL 33604 TAMPA FL 33604** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt #, etc. 1st MOORE CR2E034 (10/04) City & State 4. FEI Number City & State Applied For 59-2093871 Not Applicable Zip Country Country **\$8.75** Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MYERS, GLORIA Street Address (P.O. Box Number is Not Acceptable) 221-C W. WATERS AVENUE **TAMPA FL 33604** City Zip Code 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 | am familiar with, and accept the obligations of registered agent **GIGNATURE** Signature, typed or printed name of registered agent and fills if applicable (NOTE Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE Delete TITLE ☐ Change Addition MYERS, GLORIA NAME NAME 221 - C W WATERS AVE. STREET ADDRESS STREET ADORESS CITY-ST-7IP TAMPA FL 33604 CITY-ST-ZIP U000000352680 ☐ Change ☐ Addition DILE Delete DHE NAME NAME 05/03/05-80039-002 150.*0*0 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE ☐ Delete Change NAME STREET ADDRESS STREET ADDRESS CiTY-ST-ZIP CITY - ST - ZIP TITLE Delete THE ☐ Change Addition NAME NAME CIREFT ADDRESS STREET ADDRESS CHTY-ST-ZIP CITY-ST-ZIP Addition TITLE Delete THUE ☐ Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - Si - ZIP HTLE ☐ Change Andini ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CHIT-SI-ZIP

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 the 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 changed, or on an attachment with an address, with all others like empowered.

SIGNATURE:

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05 813930834

FILED