


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2005 08:00 AM
Secretary of State

DOCUMENT # F69243
 1. Entity Name
SEBASTIAN HAIRSTYLING, INC.



Principal Place of Business Mailing Address
% EDWARD BRUCE ADLER **% EDWARD BRUCE ADLER**
1323 N CENTRAL AVENUE **1323 N CENTRAL AVENUE**
SEBASTIAN, FL 32958 **SEBASTIAN, FL 32958**



DO NOT WRITE IN THIS SPACE

04112005 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
59-2167738 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
ADLER, EDWARD BRUCE
1323 N CENTRAL AVENUE
SEBASTIAN, FL 32958

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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 _____ (NOTE: Registered Agent signature required when reissuing) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	ADLER, WILMA D
STREET ADDRESS	1323 N CENTRAL AVE
CITY-ST-ZIP	SEBASTIAN, FL 32958
TITLE	SV
NAME	ADLER, EDWARD BRUCE
STREET ADDRESS	1323 N CENTRAL AVE
CITY-ST-ZIP	SEBASTIAN, FL 32958
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/15/05-80090-005 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.

SIGNATURE Edward B Adler **EDWARD B ADLER** 4/14/05 772-589-7979
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #