## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# G26394

FILED May 10, 2004 Secretary of State

me: TENDER	TOUCH HAIRSTYLING, INC.			
rincipal Place	of Business:	New Principal Place	of Business:	
Current Mailing Address:		New Mailing Addres	s:	
: 59-2270383	FEI Number Applied For()	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:		Name and Address	Name and Address of New Registered Agent:	
HILL LN				
named entity se of Florida.	ubmits this statement for the	purpose of changing its registere	ed office or registered agent, or both,	
RE:				
	ic Signature of Registered Ag	ent	Date	
Electron	(2)(b), F.S., the corporation did n		Date	
Electron	(2)(b), F.S., the corporation did n Trust Fund Contribution (X).	ot receive the prior notice.		
Electron ace with s. 607.193 mpaign Financing S AND DIRECT	S(2)(b), F.S., the corporation did n Trust Fund Contribution (X). FORS: Delete	ot receive the prior notice.	Date  ES TO OFFICERS AND DIRECTORS  ( ) Change ( ) Addition	
	JESTA DRIVE  A, FL 33469  Jailing Address JESTA DRIVE  A, FL 33469  59-2270383  J Address of C  D, JOANNE R HILL LN  A, FL 33469	TA, FL 33469  Tailing Address:  JESTA DRIVE TA, FL 33469  E 59-2270383  FEI Number Applied For ( )  I Address of Current Registered Agent:  O, JOANNE R HILL LN TA, FL 33469  E named entity submits this statement for the	JESTA DRIVE  A, FL 33469  New Mailing Address:  DESTA DRIVE  A, FL 33469  September 1: 59-2270383 FEI Number Applied For ( ) FEI Number Not Applicable ( )  Address of Current Registered Agent:  Name and Address of Current Registered Agent:	

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: DAVID L. NEEDLE DVP 05/10/2004