

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 06, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # H37043</b> 1. Entity Name <b>POINT OF VIEW HAIR DESIGNS, INC.</b>					
Principal Place of Business <b>% CARMEN H. IRVING</b> <b>2755 SOUTH FEDERAL HIGHWAY, SUITE 5</b> <b>BOYNTON BEACH FL 33435</b>			Mailing Address <b>% CARMEN H. IRVING</b> <b>2755 SOUTH FEDERAL HIGHWAY, SUITE 5</b> <b>BOYNTON BEACH FL 33435</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number <b>59-2474011</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent  <b>IRVING, CARMEN H.</b> <b>2755 SOUTH FEDERAL HIGHWAY</b> <b>SUITE 5</b> <b>BOYNTON BEACH FL 33435</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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 translating)					
<div style="display: flex; justify-content: space-between;"> <div> <b>FILE NOW!!! FEE IS \$150.00</b>  <b>After May 1, 2006 Fee Will Be \$550.00</b>  <b>Make Check Payable to Florida Department of State</b> </div> <div>           9. Election Campaign Financing            Trust Fund Contribution. <input type="checkbox"/> </div> <div> <b>\$5.00</b> May Be            Added to Fees         </div> </div>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD IRVING, CARMEN H. 2755 SO. FEDERAL HWY #5 BOYNTON BEACH FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	000000420427 02/15/06-80056-011 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D IRVING, GAIL A. 2755 SO. FEDERAL HWY #5 BOYNTON BEACH FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: <i>Carmen H. Irving</i> <b>CARMEN IRVING</b> 1-31-06 (561) 7373429					