FILED
Mar 22, 2006 8:00 am
Secretary of State

03-22-2006 90018 027 ***150.00

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # J04920

1. Entity Name
MR. B'S HAIRSTYLING, INC.

Principal Place of Business	Mailing Address
44 LAWTON AVE OVIEDO, FL 32765	1696 ONONDAGO DR GENEVA, FL 32732-9535

02232006 Chg-P CR2E034 (11/05)

2. Principal Place of Business	3. Mailing Address
5275 RED Bug LAKE Rd	PO Box 620181
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: WINTER SPRINGS FL	City & State: OVIEDO FL
Zip: 32708 Country: SEMINOLE	Zip: 32762-0181 Country: SEMINOLE

4. FEI Number: 59-2658363 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HAM, BERMAN K.
~~1696 ONONDAGO DR~~ P.O. Box 620181
~~GENEVA, FL 32732-9535~~ OVIEDO, FL 32762-0181
~~[illegible] Cir~~

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ______ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PST	☐ Delete	TITLE		☒ Change ☐ Addition
NAME	HAM, BERMAN K.		NAME		
STREET ADDRESS	~~1696 ONONDAGO DR~~		STREET ADDRESS	P.O. Box 620181	
CITY-ST-ZIP	~~GENEVA, FL 327329535~~		CITY-ST-ZIP	OVIEDO FL 32762-0181	
TITLE	VD	☐ Delete	TITLE		☒ Change ☐ Addition
NAME	HAM, BERMAN K.		NAME		
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CITY-ST-ZIP	~~GENEVA, FL 327329535~~		CITY-ST-ZIP	OVIEDO FL 32762-0181	
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TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
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STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: [signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 2-24-06 Daytime Phone #: (407) 443-3061