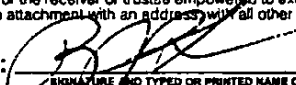


2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

03-22-2006 90018 027 ***150.00

DOCUMENT # J04920			
1. Entity Name MR. B'S HAIRSTYLING, INC.			
Principal Place of Business 44 LAWTON AVE. OVIEDO, FL 32765		Mailing Address 1696 ONONDAGO DR GENEVA, FL 32732-9535	
2. Principal Place of Business 5215 RED BUD LANE		3. Mailing Address 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 GENEVA, FL 32732-9535		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 fee if applicable (NOTE: Registered Agent signature required when re-registering) 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 NAME STREET ADDRESS CITY-ST-ZIP	PST HAM, BERMAN K. 1696 ONONDAGO DR. GENEVA, FL 32732-9535 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P.O. Box 620181 OVIEDO FL 32762-0181 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HAM, BERMAN K. 1696 ONONDAGO DR GENEVA, FL 32732-9535 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P.O. Box 620181 OVIEDO FL 32762-0181 ☒ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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: 		2-24-06 (407) 443-3061	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	