2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED Feb 26, 2007 08:00 All Secretary of State DOCUMENT # J77943 1. Entity Name THE PARK AVENUE OF HAIR DESIGN, INC. Principal Place of Business Mailing Address 3433 E. GULF 10 LAKE HWY INVERNESS FL 34453 3433 E. GULF 10 LAKE HWY **INVERNESS FL 34453** 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) Applied For 4. FEI Number City & State City & Stato 59-2825060 Not Applicable Zφ Country Zip Country \$8.75 Additional 5. Cortificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HAIMBAUGH, SHERRY Street Address (P.O. Box Number is Not Acceptable) 220 S. MAJESTIC PT. **INVERNESS FL 34453** City Zin Code 8. The above named entity submits this statement for the purpose of changing its registered effice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered SIGNATURE (NOTE: Registered Agent signature required when reinstating) rad agent and title it applicable . FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10, 11. Change Addition ШО Delete 11111 HAIMBAUGH, SHERRY NAMI NAMI. 220 S. MAJESTIC PT STREET ADDRESS SHILL ADDRESS **INVERNESS FL 34453** CHY-SI-ZIP CHY-SI-7IP ☐ Change Addition hitti Defete DHE NAME NAMI U00000649095 03/07/07-80035-008 150,00 STREET ADDRESS STREET LADDRESS CHY-St-7#P CITY-ST-7IP Change Addition ☐ Defete NAME STREET ADDRESS STREET ADDRESS CHY-SI-7P CHY-SI-7P Change Addition min Delete NAME NAMI STREET ADDRESS STREET LADORESS CHY-SI-ZIP CHY-ST-7/P Delete ☐ Change Addition 11111 TITLE NAME NAME STREET ADDRESS STREET ADDRESS CHY-SI-70 CITY-ST-7IP DHE ☐ Delete HID: Change Addition NAME NAME STRULT ADDRESS STREET LADDRESS CITY-S1-7IP CHY-ST-ZIP

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 eath; that I am an officer or director of the corporation or the receiver or trustoe 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 antachment with an address, with all other like oripowered.

Daytime Phone #

SIGNATURE