2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2004
Secretary of State

DOCUMENT# K46258

Entity Name: HAIR MAGIC, INC.

Current Principal Place of Business:

2178 21ST STREET NW
WINTER HAVEN, FL 338813802 US

New Principal Place of Business:

Current Mailing Address:

2178 21ST STREET NW
WINTER HAVEN, FL 338813802 US

New Mailing Address:

FEI Number: 59-2917585 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

STEPHENSON, GLENDA
408 WINTER RIDGE BLVD
WINTER HAVEN, FL 338815805 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: STEPHENSON, GLENDA,
Address: 408 WINTER RIDGE BLVD
City-St-Zip: WINTER HAVEN, FL 33881

Title: VP ( ) Delete
Name: BURNHAM, DARRELL E
Address: 2178-21ST STREET N.W.
City-St-Zip: WINTER HAVEN, FL 338813802

Title: D (X) Delete
Name: STEPHENSON, RANDY W
Address: 408 WINTER RIDGE BLVD.
City-St-Zip: WINTER HAVEN, FL 33881

Title: D (X) Delete
Name: STEPHENSON, BRIAN C
Address: 408 WINTER RIDGE BLVD.
City-St-Zip: WINTER HAVEN, FL 33881

Title: D (X) Delete
Name: STEPHENSON, SCOTT P
Address: 2178 21ST N.W.
City-St-Zip: WINTER HAVEN, FL 33881

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: GLENDA STEPHENSON P 01/16/2004

Electronic Signature of Signing Officer or Director — Date