2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 15, 2005
Secretary of State

DOCUMENT# L03000047355

Entity Name: KEN HAZLETT HAIR DESIGN, LLC

Current Principal Place of Business:

1020 SOUTH FEDERAL HIGHWAY, SUITE 106
DELRAY BEACH, FL 33483

New Principal Place of Business:

Current Mailing Address:

4923 N.W. 59TH COURT
COCONUT CREEK, FL 33073

New Mailing Address:

FEI Number: 20-0435980 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CAMPBELL, DOAK III,ESQ
70 SE 4TH AVENUE
DELRAY BEACH, FL 33483 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

MANAGING MEMBERS/MEMBERS:

Title:	MGRM	( ) Delete
Name:	HAZLETT, KEN PRES	
Address:	1020 SOUTH FEDERAL HIGHWAY, SUITE 106	
City-St-Zip:	DELRAY BEACH, FL 33483	
Title:	MGRM	( ) Delete
Name:	MONTGOMERY, JANE	
Address:	1020 SOUTH FEDERAL HIGHWAY, SUITE 106	
City-St-Zip:	DELRAY BEACH, FL 33483	
Title:	MGRM	( ) Delete
Name:	HAZE INC.,	
Address:	4923 NW 59TH COURT	
City-St-Zip:	COCONUT CREEK, FL 33073	

ADDITIONS/CHANGES:

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 is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: THOMAS HAZLETT MGRM 01/15/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date