

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M09990

FILED
Jan 08, 2006
Secretary of State

Entity Name: A TOUCH OF CLASS BEAUTY SALON, INC.

Current Principal Place of Business:

3304 N.E. 34 ST.
FT. LAUDERDALE, FL 33308

New Principal Place of Business:

1517 SE 3 STREET
POMPANO BEACH, FL 330607527

Current Mailing Address:

3304 N.E. 34 ST.
FT. LAUDERDALE, FL 33308

New Mailing Address:

1517 SE 3 STREET
POMPANO BEACH, FL 330607527

FEI Number: 65-0073647

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VOCELL, JOHN FRANCIS
3304 N.E. 34TH ST
FT LAUDERDALE, FL 33308 US

Name and Address of New Registered Agent:

VOCELL, JOHN FRANCIS
1517 SE 3 STREET
POMPANO BEACH, FL 330607527 US

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: JOHN F. VOCELL

01/08/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PVST () Delete
Name: VOCELL, JOHN F
Address: 3304 N.E. 34 ST.
City-St-Zip: FT. LAUDERDALE, FL 33308

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PVST (X) Change () Addition
Name: VOCELL, JOHN F
Address: 1517 SE 3 STREET
City-St-Zip: POMPANO BEACH, FL 330607527

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: JOHN F. VOCELL

PVST

01/08/2006

Electronic Signature of Signing Officer or Director

Date