2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 24, 2009
Secretary of State

DOCUMENT# M91010

Entity Name: WADE HAIR DESIGN, INC.

Current Principal Place of Business:

% MICHELL A. SILVER & CO.
P.O. BOX 22-3592
HOLLYWOOD, FL 330223592

New Principal Place of Business:

5811 BAYVIEW DRIVE
FORT LAUDERDALE, FL 33308

Current Mailing Address:

% MICHELL A. SILVER & CO.
P.O. BOX 22-3592
HOLLYWOOD, FL 330223592

New Mailing Address:

FEI Number: 22-2951201 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CUCCHIARA, WADE M
5811 BAYVIEW DRIVE
FT LAUDERDALE, FL 33308 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: CUCCHIARA, WADE M.,
Address: 5811 BAYVIEW DR.
City-St-Zip: FT LAUDERDALE, FL

Title: S ( ) Delete
Name: CUCCHIARA, JANE M.,
Address: 5811 BAYVIEW DR.
City-St-Zip: FT LAUDERDALE, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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: WADE CUCCHIARA, PRESIDENT P 02/24/2009

Electronic Signature of Signing Officer or Director — Date