

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2007 8:00 am
Secretary of State

01-10-2007 90046 040 ***150.00



DOCUMENT # M98998
 1. Entity Name
GREAT LENGTHS HAIR DESIGN, INC.

Principal Place of Business Mailing Address
1409 MACLAY COMMERCE BLVD **1409 MACLAY COMMERCE BLVD**
C/O THE MANE EVENT **C/O THE MANE EVENT**
TALLAHASSEE, FL 32312 US **TALLAHASSEE, FL 32312 US**

2. Principal Place of Business - No P.O. Box # 3. Mailing Address
1409 Maclay Commerce DR. **1409 Maclay Commerce DR.**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
c/o The Mane Event **c/o The Mane Event**

City & State City & State
Tallahassee FL **Tallahassee FL**

Zip Country Zip Country
32312 **Leon** **32312** **Leon**

01092007 Chg-P CR2E034 (12/06)

4. FEI Number Applied For
59-2911476 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**



8. Name and Address of Current Registered Agent
KAYE CAROL ANN
1346 HIDDEN TIMBERS PLACE
TALLAHASSEE, FL 32312

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KAYE, CAROL ANN	NAME	
STREET ADDRESS	1346 HIDDEN TIMBERS PL.	STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE, FL 32312	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Carol Kaye President 1-9-07 850-322-2799
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #