

2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P00000073710		
1. Entity Name VIC & TORIA'S SECRETS 2 HAIR DESIGN, INC.		

Principal Place of Business 3436 US HWY 301 NORTH ELLENTON, FL 34222	Mailing Address 16405 UPPER MANATEE RIVER RD. BRADENTON, FL 34212
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

FILED
06 JUL -5 AM 10:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



06272006 Chg-P CR2E034 (11/05)

4. FEI Number 65-1029433	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
SMALLS, VICKIE E 16405 UPPER MANATEE RIVER RD. BRADENTON, FL 34212		Name <u>Johnny R. Smalls Sr.</u> Street Address (P.O. Box Number is Not Acceptable) <u>16405 Upper Manatee River Rd.</u> City <u>Bradenton</u> FL Zip Code <u>34212</u>	

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 <u>Johnny R. Smalls</u>	DATE <u>6/27/06</u>

Amended AR is \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD SMALLS, VICKIE E 16405 UPPER MANATEE RIVER RD BRADENTON, FL 34212 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>PTD</u> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>PTD</u> SMALLS, JOHNNY R SR. 16405 UPPER MANATEE RIVER RD. BRADENTON, FL 34212 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: <u>Vickie Smalls</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	DATE <u>6/27/06</u> DATE DAYTIME PHONE # <u>941-721-4269</u> DAYTIME PHONE #