2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2009
Secretary of State

DOCUMENT# P01000005358

Entity Name: MAXINE'S BARBER SHOP & STYLE SALON, INC.

Current Principal Place of Business:

1410 1ST ST. NE
WINTER HAVEN, FL 33880

New Principal Place of Business:

2106 1ST N.
WINTER HAVEN, FL 33881

Current Mailing Address:

MAXINE MCKINSTRY
42 COYER RD.
HAINES CITY, FL 33844

New Mailing Address:

FEI Number: 59-3356908 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MCKINSTRY, MAXINE
1410 1ST ST. NE
WINTER HAVEN, FL 33880 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: O ( ) Delete
Name: MCKINSTRY, MAXINE
Address: 42 COYCE RD.
City-St-Zip: HAINES CITY, FL 33844

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: MAXINE MCKINSTRY OWNE 04/30/2009

Electronic Signature of Signing Officer or Director — Date