

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000006147

Entity Name: MICHAEL'S HAIR AND NAILS, INC.

FILED
Aug 23, 2005
Secretary of State

Current Principal Place of Business:

PO BOX 940822
MAITLAND, FL 32794

New Principal Place of Business:

344 E. KENNEDY BLVD
EATONVILLE, FL 32751

Current Mailing Address:

PO BOX 940822
MAITLAND, FL 32794

New Mailing Address:

1599 NW 13TH STREET
#506
BOCA RATON, FL 33486

FEI Number: 59-3694970

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BRADSHAW, JOHN L
901 DOUGLAS AVENUE
SUITE 105
ALTAMONTE SPRINGS, FL 32714 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: REESE, MICHAEL
Address: PO BOX 940822
City-St-Zip: MAITLAND, FL 32794

Title: S () Delete
Name: REESE, CATHLEEN B
Address: PO BOX 940822
City-St-Zip: MAITLAND, FL 32794

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: REESE, MICHAEL L
Address: 1599 NW 13TH STREET #506
City-St-Zip: BOCA RATON, FL 33486

Title: S (X) Change () Addition
Name: REESE, CATHLEEN B
Address: 1599 NW 13TH STREET #506
City-St-Zip: BOCA RATON, FL 33486

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: MICHAEL L. REESE

PD

08/23/2005

Electronic Signature of Signing Officer or Director

Date