2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2005
Secretary of State

DOCUMENT# P01000020418

Entity Name: APRIL'S HAIR DESIGN, INC.

Current Principal Place of Business:

15201 N CLEVELAND AVE, SUITE #1320
FT MYERS, FL 33903

New Principal Place of Business:

15201 N CLEVELAND AVE, SUITE #1320
FT MYERS, FL 33903 US

Current Mailing Address:

15201 N CLEVELAND AVE, SUITE #1320
FT MYERS, FL 33903

New Mailing Address:

15201 N CLEVELAND AVE, SUITE #1320
FT MYERS, FL 33903 US

FEI Number: 65-1086212 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WALKER, APRIL
APRILS HAIR DESIGN, INC.
15201 N. CLEVELAND AVE. #1320
LEHIGH ACRES, FL 33903 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: PD ( ) Delete
Name: WALKER, APRIL
Address: 1860 LAVONIA LANE
City-St-Zip: NORTH FORT MYERS, FL 33917

Title: VD ( ) Delete
Name: SAFFRON, JOYCE
Address: 608 MCARTHUR AVENUE
City-St-Zip: LEHIGH ACRES, FL 33936

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: WALKER, APRIL
Address: 1860 LAVONIA LANE
City-St-Zip: NORTH FORT MYERS, FL 33917 US

Title: VD (X) Change ( ) Addition
Name: SAFFRON, JOYCE
Address: 608 MCARTHUR AVENUE
City-St-Zip: LEHIGH ACRES, FL 33936 US

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: APRIL WALKER PD 02/25/2005
Electronic Signature of Signing Officer or Director Date