2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2008
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 US

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

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:

WALKER, APRIL
15201 N. CLEVELAND AVE. #1320
LEHIGH ACRES, FL 33903 US

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: APRIL WALKER 04/29/2008
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 US

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: APRIL WALKER PD 04/29/2008
Electronic Signature of Signing Officer or Director Date