2007 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Aug 27, 2007 8:00 am Secretary of State DOCUMENT # P01000051848 08-27-2007 90031 030 ***158.75 1. Entity Name ABOUT HAIR SALON, INC. Principal Place of Business Mailing Address 4027 19112 TOLEDO BLADE 19112 TOLEDO BLADE MURDOCK, FL 33948 MURDOCK, FL 33948 2. Principal Place of Business No P.O. Box # 3. Mailing Address Cochran Blud Cochran Blue 19/12 19/12 08202007 Chg-P CR2E034 (12/06) Applied For City & State 4. FEI Number City & State 65-1110733 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent JOHNSON, GWENDOLYN H Street Address (P.O. Box Number is Not Acceptable) 1647 BEACON DR PORT CHARLOTTE, FL 33952 Zip Code City FL 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. Eignature typodis, perited whos streight is that into a title if applicable dIOIE Registered Agent signature, equired when remalatings DATE 9. Election Campaign Financing **\$5.00** May Be FILE NOW!!! FEE IS \$150.00 In accordance with s. 607.193(2)(b), F.S., the П Trust Fund Contribution. Added to Fees corporation did not receive the prior notice. Due by September 14, 2007 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE DPTS Delete TITLE Change Addition JOHNSON, GWENDOLYN H NAME MAME 1647 BEACON DR STREET ADDRESS STREET ADDRESS PORT CHARLOTTE, FL 33952 City ST 210 CITY ST ZIP DVP ☐ Change Addition TITLE ☐ Delete NAME FINLEY, WENDY P STREET ADDRESS STREET ADDRESS 1647 BEACON DR CITY ST ZIP PORT CHARLOTTE, FL 33952 CITY ST ZIP Delete Change ■ Addition TITLE TITLE KAME MANAG STREET ADDRESS fisie abultisti CITY ST ZIP CITY ST ZIP Addition ☐ Delete TITLE ☐ Change KAME NAME STREET ADDRESS STREET ADDRESS CITY ST ZIP CITY ST-ZIP ☐ Change ■ Addition ☐ Delete TITLE t-AME STREET ADDRESS STREET AUDRESS CITY ST ZIP CITY ST ZIP ☐ Change Addition Delete TITLE NAME EAME STREET ADDRESS STREET ADDRESS CITY ST ZIP 12. Thereby certify that the information supplied with this filling 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 logal effect as if made under each that I am an efficer or director of the corporation or the receiver or trusted empowered to execute this report as recurred by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with all other like empowered.

FILED