

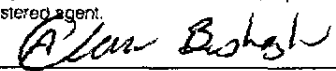
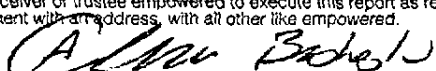


**FILED**  
**Mar 20, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P01000053756</b>						<b>Secretary of State</b>			
1. Entity Name <b>1 STOP BEAUTY SHOP SERVICES &amp; SUPPLIES INC.</b>									
Principal Place of Business <b>4941 E BUSCH BLVD, SUITE 110 TAMPA, FL 33617</b>				Mailing Address <b>4941 E BUSCH BLVD, SUITE 110 TAMPA, FL 33617</b>					
2. Principal Place of Business <b>SAME</b>				3. Mailing Address					
Suite, Apt. #, etc.				Suite, Apt. #, etc.				03102006 Chg-P CR2E034 (11/05)	
City & State				City & State				4. FEI Number <b>59-3722282</b>	
Zip		Country		Zip		Country		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
<b>BASHASH, ALAA A 4941 E BUSCH BLVD, SUITE 110 TAMPA, FL 33617</b>				Name					
				Street Address (P.O. Box Number is Not Acceptable)					
				City				<b>FL</b> Zip Code	
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 				<b>ALAA BASHASH, President</b>				DATE	
Signature, typed or printed name of registered agent and title if applicable.				(NOTE: Registered Agent signature required when reinstating)					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>				<b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS					11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11.				
TITLE NAME STREET ADDRESS CITY-ST-ZIP					TITLE NAME STREET ADDRESS CITY-ST-ZIP				
<b>PSTD BASHASH, ALAA A 4941 E BUSCH BLVD, SUITE 110 TAMPA, FL 33617</b>					<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>000000474455 04/04/06-80024-011 150.00</b>				
<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP					TITLE NAME STREET ADDRESS CITY-ST-ZIP				
<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition				
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<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition				
12. I hereby certify that the information supplied with this filing 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.									
SIGNATURE: 				<b>ALAA BASHASH</b>				<b>3/16/06 (8/3) 765 5012</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date				Daytime Phone #	