2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000075854

Entity Name: DELRAY HAIR, INC.

FILED Aug 03, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

135 S. FEDERAL HWY. 135 SE 6TH AVE

DELRAY BCH, FL 33483 DELRAY BCH, FL 33483

Current Mailing Address: New Mailing Address:

135 S. FEDERAL HWY. 135 SE 6TH AVE

DELRAY BCH, FL 33483 DELRAY BCH, FL 33483

FEI Number: 65-1126206 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

JOHN H. MADOLLA JOHN H. MENDOZZA 8270 TEXAS TRAIL 8270 TEXAS TRAIL

BOCA RATON, FL 33434 BOCA RATON, FL 33487 US 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: JOHN H. MENDOZZA 08/03/2005

> 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:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition Name:

MENDOZZA, JOHN H MENDOZZA, JOHN H Name: 135 S. FEDERAL HWY. 8270 TEXAS TRAIL Address: Address: City-St-Zip: DELRAY BCH, FL 33483 City-St-Zip: BOCA RATON, FL 33487

() Delete Title: Title: (X) Change () Addition

Name: MENDOZZA, MICHELLE T Name: MENDOZZA, MICHELLE T 135 S. FEDERAL HWY. Address: 8270 TEXAS TRAIL Address: DELRAY BCH, FL 33483 BOCA RATON, FL 33487 City-St-Zip: City-St-Zip:

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: JOHN H. MENDOZZA 08/03/2005 D