2007 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 25, 2007 08:00 A Secretary of State DOCUMENT # P01000082320 1. Entity Name CREATED IMAGE HAIR & NAIL STUDIO, INC. Mailing Address Principal Place of Business 2120 CLOVER HILL RD 2120 CLOVER HILL RD PALM HARBOR, FL 34683 PALM HARBOR, FL 34683 04212007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For Not Applicable 59-3744342 \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent GONZALES, LARRY J DO NOT WRITE 2655 MCCORMICK DRIVE CLEARWATER, FL 33759 IN THIS SPACE 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) \$5.00 May Be FILE NOWI!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. D TITLE NAME GOTSIS, MARIA D 2120 CLOVER HILL RD STREET ADDRESS CITY-ST-ZIP PALM HARBOR, FL 34683 TITLE NAME STREET ADDRESS CITY-ST-7IP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE U000000731765 NAME 05/09/07-80019-008 150.0**0** STREET ADDRESS

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:

CITY-ST-ZIP

ACCUANTINE AND TYPED OF PRINTED HAME OF SIGNING OFFICER OR DIRECTO

22/M 727-942-116

FILED