

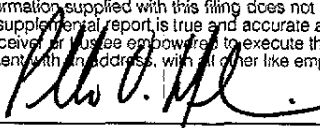


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # P02000060473				
1. Entity Name TERRI'S BARBER SHOP INC.				
Principal Place of Business 997 BLANDING BLVD STE 2 ORANGE PARK, FL 32068	Mailing Address 997 BLANDING BLVD STE 2 ORANGE PARK, FL 32068			
DO NOT WRITE IN THIS SPACE				
		04252006 No Chg-P CR2E034 (11/05)		
		4. FEI Number 73-1644956	Applied For <input type="checkbox"/> Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			DO NOT WRITE IN THIS SPACE	
MEDINA, TERESA I 1901 BRECKENRIDGE BLVD MIDDLEBURG, FL 32068				
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>				
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			DO NOT WRITE IN THIS SPACE 000000548225 05/13/06-80012-007 150.00	
TITLE	P			
NAME	MEDINA, TERESA I			
STREET ADDRESS	1901 BRECKEN RIDGE BLVD.			
CITY-ST-ZIP	MIDDLEBURG, FL 32068			
TITLE	V			
NAME	MEDINA, PABLO O			
STREET ADDRESS	1901 BRECKEN RIDGE BLVD.			
CITY-ST-ZIP	MIDDLEBURG, FL 32068			
TITLE				
NAME				
STREET ADDRESS				
CITY-ST-ZIP				
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TITLE				
NAME				
STREET ADDRESS				
CITY-ST-ZIP				
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: 		PABLO MEDINA	4-28-06	904-278-9835
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #	