


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90205 048 ***150.00

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|------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| DOCUMENT # P02000103500 1. Entity Name SUNNY BEAUTY & HAIR, INC. |  |
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| Principal Place of Business 1624 NORTH WASHINGTON BLVD SARASOTA, FL 34236 | Mailing Address 1624 NORTH WASHINGTON BLVD SARASOTA, FL 34236 |
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DO NOT WRITE IN THIS SPACE



04262005 No Chg-P CR2E034 (10/03)

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|-----------------------------------------------------------|--------------------------------------------------------|
| 4. FEI Number 02-0644226 | 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

**LEE, JAE KEUN
1624 NORTH WASHINGTON BLVD
SARASOTA, FL 34236**

**DO NOT WRITE
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

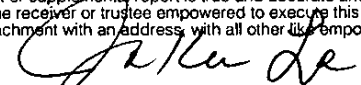
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|-------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|
| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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10. OFFICERS AND DIRECTORS

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|------------------------------------------------|------------------------------------------------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D LEE, JAE KEUN 1624 NORTH WASHINGTON BLVD SARASOTA, FL 34236 |
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12. I hereby certify that the information supplied with this filing does not qualify 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 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 officers empowered.

SIGNATURE:  **4/5/05**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #