2004 FOR PROFIT CORPORATION ANNUAL REPORT

09-01-2004 90001 031 ***158.75
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SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 OCT 20 AM 8:48
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DOCUMENT # P02000105330

1. Entity Name
PLANET HAIR SALON, INC.

Principal Place of Business	Mailing Address
780 MULLET DRIVE #123 PORT CANAVERAL, FL 32920	780 MULLET DRIVE #123 PORT CANAVERAL, FL 32920

07162004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number
41-2062151
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
VONSOOSTEN-ROWLAND, KARLA INGER 469 WATTS WAY COCOA BEACH, FL 32931	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** 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: Karla Inger VonSoosten-Rowland 8/18/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $550.00
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP VONSOOSTEN-ROWLAND, KARLA INGER 469 WATTS WAY COCOA BEACH, FL 32931	☐ Delete	DP Vonsoosten-Rowland, Karla Inger 6033 Ackard Ave Port St. John, FL 32927	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVST ROWLAND, ROBERT T JR 469 WATTS WAY COCOA BEACH, FL 32931	☐ Delete	DVST Rowland, Robert, T. Jr. 6033 Ackard Ave Port St. John FL 32927	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	300042392623 11/02/04--01016--023 **391.25	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

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 like empowered.

SIGNATURE: Karla Inger VonSoosten-Rowland 8/18/04 321 783-4465
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #