2007 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 25, 2007 8:00 am Secretary of State DOCUMENT # P02000131717 04-25-2007 90167 019 ***150.00 1. Entity Name JAN'S TRENDSETTER SALON, INC. Principal Place of Business Mailing Address 40079982 -101-N-4T-N-US-#1, STE-119 101 N-4T N US #1, STE 119 FORT PIERCE, FL 34947 FORT PIERCE, FL 34947 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 145 North 145 Nocth Suite, Apt. #, etc. Suite, Apt. #, etc 03262007 Chg-P CR2E034 (12/06) City & State City & State Plence 4 FEI Number Applied For 30-0191853 tuet Not Applicable Country \$8.75 Additional Country 4950 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent LEE, JENNIFER 109 N. 38th Street Street Address (P.O. Box Number is Not Acceptable) 1720 TIMBERLAKE DR FT PIERCE, FL 34947 Zip Code City 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 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 \$5.00 May Be П Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Delete TITLE TITLE Change Addition LEE, JANNIFER NAME NAME 1720 TIMBERLAKE DR 109 N. 38th Sheet STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FORT PIERCE, FL 34947 CITY-ST-ZIP TITLE Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Adaition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I turther certify that the information indicated on this report of supplied ental 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 of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 it changed, or on an attachment with an address, with all other like empowered. SIGNATURE:

INTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytimo Phone #

NO TYPED OR