2006 FOR PROFIT CORPORATION ANNUAL REPORT

May 01, 2006 08:00 AM Secretary of State **DOCUMENT # P03000057624** 1. Entity Name BEACH DRIVE HAIR STUDIO, INC. Principal Place of Business Mailing Address 7200 SUNSHINE SKYWAY LANE, UNIT 6F 7200 SUNSHINE SKYWAY LANE, UNIT 6F ST. PETERSBURG, FL 33771 ST. PETERSBURG, FL 33771 04282006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-0054004 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent STEVENS, HAROLD J DO NOT WRITE 7200 SUNSHINE SKYWAY LN IN THIS SPACE ST. PETERSBURG, FL 33771 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. DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when reliistating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 \Box Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. PSTD TITLE STEVENS, HAROLD J NAME STREET ADDRESS 7200 SUNSHINE SKYWAY LANE, UNIT 6F U00000551447 05/13/06-80100-012 150.00 ST. PETERSBURG, FL 33771 C17Y - ST - 25P SITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CHY-ST-ZIP IN THIS SPACE MILE NAME STREET ADDRESS CUTY-ST-ZUP 1311,12

12. Thereby 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 cy-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.

NAME STREET ADDRESS CITY-ST-ZIP 1171.2 NAME STREET ADDRESS CITY-ST-702

FILED