

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000061868

FILED  
Apr 27, 2006  
Secretary of State

Entity Name: MANHATTAN HAIR DESIGN, INC.

## Current Principal Place of Business:

121 108TH AV.  
SAINT PETERSBURG, FL 33706

## New Principal Place of Business:

## Current Mailing Address:

751 36TH AVENUE NORTH  
SAINT PETERSBURG, FL 33704

## New Mailing Address:

4453 2ND AVE N  
SAINT PETERSBURG, FL 33713

FEI Number: 16-1669409

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

COLLINS, BARBARA  
751 36TH AVENUE NORTH  
ST. PETERSBURG, FL 33704 US

## Name and Address of New Registered Agent:

COLLINS, BARBARA  
4453 2ND AVENUE NORTH  
ST. PETERSBURG, FL 33713 US

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.

SIGNATURE:

04/27/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: V ( ) Delete  
Name: COLLINS, JOEL  
Address: 751 36TH AVENUE NORTH  
City-St-Zip: ST. PETERSBURG, FL 33704

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: V (X) Change ( ) Addition  
Name: COLLINS, JOEL  
Address: 4453 2ND AVENUE NORTH  
City-St-Zip: ST. PETERSBURG, FL 33713

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BARBARA COLLINS

PRES

04/27/2006

Electronic Signature of Signing Officer or Director

Date