

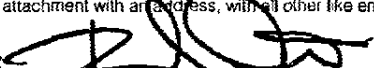


FILED
Jan 20, 2004 08:00 AM
Secretary of State

DOCUMENT # P03000063821						Secretary of State							
1. Entity Name TAMMY'S CUTTING EDGE HAIR STUDIO, INC.													
Principal Place of Business 2157 MARINER BLVD SPRING HILL, FL 34609 US				Mailing Address 2157 MARINER BLVD SPRING HILL, FL 34609 US									
2. Principal Place of Business				3. Mailing Address									
Suite, Apt. #, etc.				Suite, Apt. #, etc.				01132004		Chg-P		CR2E034 (10/03)	
City & State				City & State				4. FEI Number		<input type="checkbox"/> Applied For		<input type="checkbox"/> Not Applicable	
Zip		Country		Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent						7. Name and Address of New Registered Agent							
SMITH, TAMMY A 2157 MARINER BLVD SPRING HILL, FL 34609						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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____													
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00						9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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		P SMITH, TAMMY A 2157 MARINER BLVD SPRING HILL, FL 34609 <input type="checkbox"/> Delete				TITLE NAME STREET ADDRESS CITY-ST-ZIP		U000000007014 01/20/04-80006-009 150.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete				TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete				TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition					
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete				TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete				TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: 						1/16/04 35266601							
SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR						Daytime Phone #							