2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2007
Secretary of State

DOCUMENT# P03000071826

Entity Name: DESIGNERS HAIR SALON BY DEE, INC.

Current Principal Place of Business:

15880 SUMMERLIN RD
FORT MYERS, FL 33908 US

New Principal Place of Business:

Current Mailing Address:

15880 SUMMERLIN RD
FORT MYERS, FL 33908 US

New Mailing Address:

FEI Number: 56-2372190 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SOODEEN-LALSIEW, DOOLARIE
15880 SUMMERLIN RD
FORT MYERS, FL 33908 US

Name and Address of New Registered Agent:

LALSIEW, DOOLARIE
15880 SUMMERLIN RD
FORT MYERS, FL 33908 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: DOOLARIE LALSIEW 01/17/2007
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: SOODEEN-LALSIEW, DOOLARIE
Address: 5535 BARTH ST
City-St-Zip: LEHIGH ACRES, FL 33936

Title: VP ( ) Delete
Name: WENRICH, DIANE
Address: 1221 BELAIR STREET E
City-St-Zip: LEHIGH ACRES, FL 33936 US

Title: D,S ( ) Delete
Name: LALSIEW, DEVANATH
Address: 1221 BELAIR STREET E
City-St-Zip: LEHIGH ACRES, FL 33936 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: LALSIEW, DOOLARIE
Address: 5535 BARTH ST
City-St-Zip: LEHIGH ACRES, FL 33936

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: DOOLARIE LALSIEW PD 01/17/2007
Electronic Signature of Signing Officer or Director Date