

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000107005

FILED  
Mar 06, 2006  
Secretary of State

Entity Name: PROFESSIONAL HAIR DESIGNERS, INC.

## Current Principal Place of Business:

4150 HANCOCK BRIDGE PKWY  
SUITE 19  
NORTH FORT MYERS, FL 33903

## New Principal Place of Business:

## Current Mailing Address:

4150 HANCOCK BRIDGE PKWY  
SUITE 19  
NORTH FORT MYERS, FL 33903

## New Mailing Address:

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

FLOYD, YONG HUI  
4150 HANCOCK BRIDGE PKWY  
SUITE 19  
NORTH FORT MYERS, FL 33903 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: FLOYD, YONG HUI  
Address: 4150 HANCOCK BRIDGE PKWY STE 19  
City-St-Zip: NORTH FORT MYERS, FL 33903

Title: VD ( ) Delete  
Name: FLOYD, WILLIAM B III  
Address: 4150 HANCOCK BRIDGE PKWY STE 19  
City-St-Zip: NORTH FORT MYERS, FL 33903

Title: VD ( ) Delete  
Name: FLOYD, CHRISTOPHER L  
Address: 4150 HANCOCK BRIDGE PKWY STE 19  
City-St-Zip: NORTH FORT MYERS, FL 33903

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: WILLIAM B. FLOYD III

VD

03/06/2006

Electronic Signature of Signing Officer or Director

Date