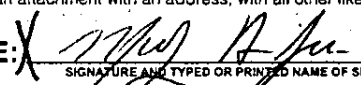


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2008 8:00 am
Secretary of State

04-04-2008 90009 038 ***150.00

DOCUMENT # P03000108313 1. Entity Name HAIR D'ZIGNS INC.			
Principal Place of Business 1580 WELLS ROAD 12 ORANGE PARK, FL 32073		Mailing Address 1580 WELLS ROAD 12 ORANGE PARK, FL 32073	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address 8614 Staghouse Mill Ct Suite, Apt. #, etc.	
City & State Zip Country		City & State Jacksonville, FL Zip Country 32244-8465 USA	
4. FEI Number 27-0069105		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent JONES, CLAUDE D 1580 WELLS ROAD 12 ORANGE PARK, FL 32073		7. Name and Address of New Registered Agent 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, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$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. ☐ Delete JONES, MARCY A 1580 WELLS ROAD SUITE 12 ORANGE PARK, FL 32073	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☒ Change ☐ Addition 8614 Staghouse Mill Ct. Jacksonville, FL 32244-8465
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP ☐ Delete JONES, CLAUDE D 1580 WELLS ROAD SUITE 12 ORANGE PARK, FL 32073	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☒ Change ☐ Addition 8614 Staghouse Mill Ct. Jacksonville, FL 32244-8465
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
12. I hereby 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 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: 		X 4-1-08	X 904-9059239
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #