2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000108313

Entity Name: HAIR D'ZIGNS INC.

FILED Mar 23, 2009 Secretary of State

| - | | | | | |
|---|-------------------------------|--|---|--|--|
| Current P | rincipal Plac | e of Business: | New Principal Plac | New Principal Place of Business: | |
| 1580 WELLS ROAD | | | | 9680 ARGYLE FOREST BLVD | |
| 12 ORANGE | PARK, FL 32 | 073 | 22 JACKSONVILLE, FL | JACKSONVILLE, FL 32222 | |
| Current M | lailing Addre | ss: | New Mailing Addre | New Mailing Address: | |
| | GEHOUSE MI IVILLE, FL 32 | | | | |
| FEI Number: | : 27-0069105 | FEI Number Applied For() | FEI Number Not Applicable () | Certificate of Status Desired () | |
| Name and Address of Current Registered Agent: | | | Name and Address | Name and Address of New Registered Agent: | |
| JONES, C 1580 WEL 12 ORANGE | | 073 US | 8614 SŤAGEHOUSE | JONES, CLAUDE D 8614 STAGEHOUSE MILL CT. JACKSONVILLE, FL 32244 US | |
| | named entity e of Florida. | submits this statement for the | purpose of changing its register | red office or registered agent, or both, | |
| SIGNATURE: CLAUDE D JONES | | | | 03/23/2009 | |
| | Electro | nic Signature of Registered Ag | jent | Date | |
| Election Car | mpaign Financii | ng Trust Fund Contribution (). | | | |
| OFFICERS AND DIRECTORS: | | | ADDITIONS/CHANG | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: | |
| Title: Name: Address: City-St-Zip: | JONES, MARC 8614 STAGEH |) Delete CY A IOUSE MILL CT. LE, FL 322448465 | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: Address: City-St-Zip: | JONES, CLAÙ 8614 STAGHO |) Delete DE D DUSE MILL CT. LE, FL 322448465 | Title: Name: Address: City-St-Zip: | () Change () Addition | |

I hereby certify that the information supplied with this filing does not qualify 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: MARCY A JONES PRES 03/23/2009