

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000122837

FILED
Jun 15, 2006
Secretary of State

Entity Name: CARRS - THE TRADITIONAL BARBER, INC.

Current Principal Place of Business:

701 EAST WASHINGTON STREET
SUITE #1
ORLANDO, FL 32801 US

New Principal Place of Business:

Current Mailing Address:

701 EAST WASHINGTON STREET
SUITE #1
ORLANDO, FL 32801 US

New Mailing Address:

FEI Number: 42-1613939

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HABER, LAWRENCE H
LAW OFFICES OF LAWRENCE H. HABER
800 CELEBRATION AVE., SUITE 227
CELEBRATION, FL 34747 US

Name and Address of New Registered Agent:

ROBINSON, GEOFFREY
701 EAST WASHINGTON STREET
SUITE 1
ORLANDO, FL 32801 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: GEOFFREY ROBINSON

06/15/2006

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MAGNAY, THOMAS E
Address: 701 EAST WASHINGTON STREET
City-St-Zip: ORLANDO, FL 32801 US

Title: VP () Delete
Name: ROBINSON, GEOFFREY
Address: 701 EAST WASHINGTON STREET
City-St-Zip: ORLANDO, FL 32801 US

Title: S (X) Delete
Name: HABER, LAWRENCE H
Address: 800 CELEBRATION AE., STE.227
City-St-Zip: CELEBRATION, FL 34747 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPS (X) Change () Addition
Name: MAGNAY, THOMAS E
Address: 701 EAST WASHINGTON STREET
City-St-Zip: ORLANDO, FL 32801 US

Title: DV (X) Change () Addition
Name: ROBINSON, GEOFFREY
Address: 701 EAST WASHINGTON STREET
City-St-Zip: ORLANDO, FL 32801 US

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: THOMAS E. MAGNAY

P

06/15/2006

Electronic Signature of Signing Officer or Director

Date