


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**


**FILED**  
**Jan 13, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # P04000003941  
 1. Entity Name  
 WAVE LENGTHS HAIR DESIGN I, INC.



Principal Place of Business 38225-B 12TH AVENUE ZEPHYRHILLS, FL 33542	Mailing Address 38225-B 12TH AVENUE ZEPHYRHILLS, FL 33542
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**DO NOT WRITE IN THIS SPACE**



01102006 No Chg-P CR2E034 (11/05)

4. FEI Number 20-0564358	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LISA VALENTINE'S SECRETARIAL SVC  
 38529 5TH AVENUE  
 ZEPHYRHILLS, FL 33542

**DO NOT WRITE IN THIS SPACE**

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: *Lisa Valentine* *Lisa Valentine* *1/10/06*  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MILLER, ERICA J 38225-B 12TH AVENUE ZEPHYRHILLS, FL 33542
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V KRASZKA, MARLENE A 38225-B 12TH AVENUE ZEPHYRHILLS, FL 33542
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 01/18/06-80015-002 150.00

**DO NOT WRITE IN THIS SPACE**

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: *Marlene A. Kraszka* - MARLENE A. KRASZKA 1/10/06 813-783-3493  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE #