2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2007
Secretary of State

DOCUMENT# P04000007053

Entity Name: SOPHISTIC HAIR INC.

Current Principal Place of Business:

445 DOUGLAS
2205-I
ALTAMONTE SPRINGS, FL 32714

New Principal Place of Business:

415 MONTGOMERY ROAD
145
ALTAMONTE SPRINGS, FL 32714

Current Mailing Address:

1267 PALM BLUFF DR
APOPKA, FL 32712

New Mailing Address:

415 MONTGOMERY ROAD
145
ALTAMONTE SPRINGS, FL 32714

FEI Number: 58-9035780 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

TURCOTTTE, SILVIA R
1267 PALM BLUFF DR
APOPKA, FL 32712 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: P ( ) Delete
Name: TURCOTTE, SILVIA R
Address: 445 DOUGLAS SUITE 2205-I
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: TURCOTTE, SILVIA R
Address: 415 MONTGOMERY RD #145
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

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: SILVIA R. TURCOTTE P 04/28/2007

Electronic Signature of Signing Officer or Director — Date