

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jun 12, 2006 8:00 am**  
**Secretary of State**

05-02-2006 90428 030 \*\*\*150.00

<b>DOCUMENT # P04000012149</b>					
<b>1. Entity Name</b> ACCENT PET STYLING, INC.					
<b>Principal Place of Business</b> 17940 TOLEDO BLADE, SUITE D PORT CHARLOTTE, FL 33948			<b>Mailing Address</b> 17940 TOLEDO BLADE, SUITE D PORT CHARLOTTE, FL 33948		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	04272006    Chg-P    CR2E034 (11/05)	
<b>4. FEI Number</b> 88-0517475				<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> CAMPOS, ISABEL 18480 YARBROUGH AVE. PORT CHARLOTTE, FL 33948			<b>7. Name and Address of New Registered Agent</b>		
Name			Name		
Street Address (P.O. Box Number is Not Acceptable)			5564 Veracruz Terrace		
City			Port Charlotte    FL    Zip Code 33981		
<b>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.</b>					
SIGNATURE				DATE 4-28-06	
<small>Signature, typed or printed name of registered agent and then applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>					
<b>TITLE</b> PD	<input type="checkbox"/> Delete				
<b>NAME</b> CAMPOS, ISABEL	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
<b>STREET ADDRESS</b> 18480 YARBROUGH AVE.	5564 Veracruz Terrace				
<b>CITY-ST-ZIP</b> PORT CHARLOTTE, FL 33948	Port Charlotte FL 33981				
<b>TITLE</b> SD	<input type="checkbox"/> Delete				
<b>NAME</b> CAMPOS, RENEE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
<b>STREET ADDRESS</b> 18480 YARBROUGH AVE.	5564 Veracruz Terrace				
<b>CITY-ST-ZIP</b> PORT CHARLOTTE, FL 33948	Port Charlotte FL 33981				
<b>TITLE</b> 	<input type="checkbox"/> Delete				
<b>NAME</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
<b>STREET ADDRESS</b> 					
<b>CITY-ST-ZIP</b> 					
<b>TITLE</b> 	<input type="checkbox"/> Delete				
<b>NAME</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
<b>STREET ADDRESS</b> 					
<b>CITY-ST-ZIP</b> 					
<b>TITLE</b> 	<input type="checkbox"/> Delete				
<b>NAME</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
<b>STREET ADDRESS</b> 					
<b>CITY-ST-ZIP</b> 					
<b>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.</b>					
SIGNATURE:				DATE 4-28-06	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					