2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2006
Secretary of State

DOCUMENT# P04000029167

Entity Name: YON'S HAIR SALON, INC.

Current Principal Place of Business:

3325 HICKORY HAMMOCK RD
JACKSONVILLE, FL 32226

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 16952
JACKSONVILLE, FL 322456952

New Mailing Address:

3325 HICKORY HAMMOCK RD
JACKSONVILLE, FL 32226

FEI Number: 20-1194935 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HUTCHINSON, YON
3325 HICKORY HAMMOCK RD
JACKSONVILLE, FL 32226 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: PVST ( ) Delete
Name: HUTCHINSON, YON
Address: 3325 HICKORY HAMMOCK RD
City-St-Zip: JACKSONVILLE, FL 32226

Title: D (X) Delete
Name: HUTCHINSON, YON
Address: 3325 HICKORY HAMMOCK RD
City-St-Zip: JACKSONVILLE, FL 32226

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: YON H HUTCHINSON PVST 04/21/2006

Electronic Signature of Signing Officer or Director — Date