


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000041565 1. Entity Name ADRIAN'S HAIRLOSS CENTER, INC.	
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Principal Place of Business 1920 E. OAKLAND PARK BLVD FT. LAUDERDALE, FL 33306	Mailing Address P.O. BOX 939 WAITSFIELD, VT 05673
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02232006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 74-3113487	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 BENJAMIN, NANCY-JOYCE 9280 NW 21ST MANOR SUNRISE, FL 33322	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Registered Agent signature required when reinstating)

Signature, typed or printed name of registered agent and title if applicable. DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	1000000552012 05/13/06-80121-017 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BENJAMIN JR., LEO 9280 NW 21ST MANOR SUNRISE, FL 33322
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BENJAMIN, SR, LEO 301 GLENVIEW ROAD FAYSTON, VT 05673
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BENJAMIN, ARLENE 9280 NW 21ST MANOR SUNRISE, FL 33322
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BENJAMIN, NANCY-JOYCE 9280 NW 21ST MANOR SURISE, FL 33322
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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:  3/2/06 802-496-5830

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #