


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 21, 2006 8:00 am**  
**Secretary of State**

02-21-2006 90026 027 \*\*\*150.00

<b>DOCUMENT # P04000049570</b>		
1. Entity Name SHARONS BEAUTY SALON INC.		

Principal Place of Business 7134 KIMBERLY BLVD NORTH LAUDERDALE, FL 33068	Mailing Address 7134 KIMBERLY BLVD NORTH LAUDERDALE, FL 33068
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

40015248



02132006 Chg-P CR2E034 (11/05)

4. FEI Number <b>NOT APPLICABLE</b>	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
LIVERPOOL, RUTH 4974 N. UNIVERSITY DRIVE LAUDERHILL, FL 33351		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL Zip Code	

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	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE
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<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD	TITLE	
NAME	MCWHINNEY, SHARON	NAME	
STREET ADDRESS	7134 KIMBERLY BLVD	STREET ADDRESS	
CITY-ST-ZIP	NORTH LAUDERDALE, FL 33068	CITY-ST-ZIP	
TITLE	VD	TITLE	
NAME	MCWHINNEY, VINCENT	NAME	
STREET ADDRESS	7134 KIMBERLY BLVD	STREET ADDRESS	
CITY-ST-ZIP	NORTH LAUDERDALE, FL 33068	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: <i>Sharon McWhinney</i>	2-15-06	954-721-5005
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #