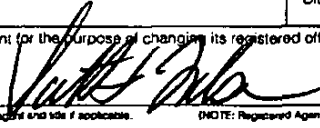
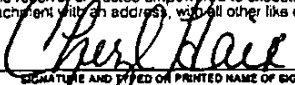


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 16, 2005 8:00 am
Secretary of State

05-05-2005 90091 049 ***150.00

DOCUMENT # P04000059479 1. Entity Name C. HAIR ENTERPRISES, INC.					
Principal Place of Business 4108 RYALS ROAD ZEPHYRHILLS, FL 33541			Mailing Address 4108 RYALS ROAD ZEPHYRHILLS, FL 33541		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		66023137 	
City & State		City & State		05022005 Chg-P CR2E034 (10/03)	
Zip		Country		4. FEI Number 20-0991361	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		Applied For Not Applicable			
6. Name and Address of Current Registered Agent THOMPSON, STEVENT 412 E. MADISON ST., STE 200 TAMPA, FL 33611			7. Name and Address of New Registered Agent Name SCOTT E. NELSON CPA Street Address (P.O. Box Number is Not Acceptable) 4890 WEST KENNEDY BLVD SUITE 240 City TAMPA FL 33609		
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  DATE 4-28-05 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)					
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	P HAIR, CHERYL 4108 RYALS ROAD ZEPHYRHILLS, FL 33541	☐ Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: 		Date 04/28/05 Devoine Phone # 813-376-8333			