## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P04000064479

City-St-Zip: OCALA, FL 34470

FILED Jun 27, 2009 Secretary of State

Entity Nar	me: PERSON	IAL TOUCH HAIR AND BEAU	TY RETAIL, INC.				
Current P	rincipal Place	e of Business:	New Princ	New Principal Place of Business:			
3 <u>6</u> 02 NE 8	TH PL			AGNOLIA AV	E		
#E OCALA, FI	L 34470		#C OCALA, FI	L 34471			
Current M	ailing Addre	ss:	New Maili	New Mailing Address:			
307 NE 36	TH AVE						
# 1 OCALA, FI	L 34470						
FEI Number:	: 41-2151308	FEI Number Applied For ( )	FEI Number Not App	licable ( )	Certificate	of Status Desired (X	)
Name and	Address of	Current Registered Agent:	Name and	Address of	New Regis	tered Agent:	
The above	TH AVE L 34470 US	submits this statement for the p	purpose of changing	its registered	office or reg	gistered agent, or b	ooth,
SIGNATUR	RE:						
	Electro	nic Signature of Registered Ag	ent		D	ate	
		93(2)(b), F.S., the corporation did no g Trust Fund Contribution ( ).	ot receive the prior notic	e.			
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	D ( LILLY, JACULI 307 NE 36THO OCALA, FL 34	6 AVE, # 1	Title: Name: Address: City-St-Zip:	D ( LILLY, JACQ 307 NE 36TH OCALA, FL 3	G AVE, #1	) Addition	
Title: Name: Address:	D ( LEWIS-MILLE 307 NE 36TH /		Title: Name: Address:	(	)Change()	Addition	

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: J.R. LILLY DIR 06/27/2009