

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000094870

FILED
Feb 13, 2006
Secretary of State

Entity Name: SQUARE ONE HAIR DESIGN & DAY SPA, INC.

Current Principal Place of Business:

SQUARE ONE HAIR DESIGN & DAY SPA INC
136
NAPLES, FL 34108

New Principal Place of Business:

1400 GULF SHORE BLVD. N.
#136
NAPLES, FL 34102

Current Mailing Address:

140 GULF SHORE BLVD N
136
NAPLES, FL 34102

New Mailing Address:

1400 GULF SHORE BLVD N
#136
NAPLES, FL 34102

FEI Number: 20-1291068

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WANDERON, THOMAS
868 106TH AVENUE NORTH
NAPLES, FL 34108 US

Name and Address of New Registered Agent:

WANDERON, THOMAS
809 WALKERBILT RD
#5
NAPLES, FL 34110 US

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:

02/13/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPT () Delete
Name: CAFFEY, DELIA M
Address: 330 EMERALD BAY CIRCLE, #Y4
City-St-Zip: NAPLES, FL 34110

Title: DVPS (X) Delete
Name: RYDER, PATRICIA A
Address: 1331 FIRST ST. N. #1003
City-St-Zip: JACKSONVILLE BEACH, FL 32250

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPTS (X) Change () Addition
Name: CAFFEY, DELIA M
Address: 330 EMERALD BAY CIRCLE, #Y4
City-St-Zip: NAPLES, FL 34110

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: DELIA M. CAFFEY

DPS

02/13/2006

Electronic Signature of Signing Officer or Director

Date