2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000102548

Entity Name: TEDDI AND COMPANY SALON MIRACLES, INC.

FILED Apr 12, 2006 Secretary of State

Current Principal Place of Business: 17 RIO VISTA DR STUART, FL 34996 Current Mailing Address: 18 RIO VISTA DR STUART, FL 34996 Current Mailing Address: 19 RIO VISTA DR STUART, FL 34996 REI Number: 83-0402248 FEI Number Applied For () FEI Number Not Applicable () Certificate of Statu. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: STRAIT, SHARON 17 RIO VISTA DR STUART, FL 34996 US The above named entity submits this statement for the purpose of changing its registered office or registered in the State of Florida. SIGNATURE: Electronic Signature of Registered Agent Date	
Current Mailing Address: New Mailing Address: 17 RIO VISTA DR STUART, FL 34996 FEI Number: 83-0402248 FEI Number Applied For () FEI Number Not Applicable () Certificate of Statu Name and Address of Current Registered Agent: Name and Address of New Registered Agent: STRAIT, SHARON 17 RIO VISTA DR STUART, FL 34996 US The above named entity submits this statement for the purpose of changing its registered office or registered in the State of Florida. SIGNATURE: Electronic Signature of Registered Agent Date	
2339 SW MARTIN HWY PALM CITY, FL 34990 FEI Number: 83-0402248 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Name and Address of Current Registered Agent: Name and Address of New Registered Agent STRAIT, SHARON 17 RIO VISTA DR STUART, FL 34996 US The above named entity submits this statement for the purpose of changing its registered office or registered in the State of Florida. SIGNATURE: Electronic Signature of Registered Agent Date	
STUART, FL 34996 FEI Number: 83-0402248 FEI Number Applied For () FEI Number Not Applicable () Certificate of Statu Name and Address of Current Registered Agent: Name and Address of New Registered Agent STRAIT, SHARON 17 RIO VISTA DR STUART, FL 34996 US The above named entity submits this statement for the purpose of changing its registered office or registered in the State of Florida. SIGNATURE: Electronic Signature of Registered Agent Date	
Name and Address of Current Registered Agent: STRAIT, SHARON 17 RIO VISTA DR STUART, FL 34996 US The above named entity submits this statement for the purpose of changing its registered office or registered in the State of Florida. SIGNATURE: Electronic Signature of Registered Agent Date	
STRAIT, SHARON 17 RIO VISTA DR STUART, FL 34996 US The above named entity submits this statement for the purpose of changing its registered office or registered in the State of Florida. SIGNATURE: Electronic Signature of Registered Agent Date	us Desired ()
17 RIO VISTA DR STUART, FL 34996 US The above named entity submits this statement for the purpose of changing its registered office or registered in the State of Florida. SIGNATURE: Electronic Signature of Registered Agent Date	Agent:
Flection Campaign Financing Trust Fund Contribution ()	d agent, or both,
Elocitori Garipaigri inarioring mast i and Goritibation ().	d agent, or both,
OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS A	d agent, or both,
Title: VPT () Delete Title: () Change () Addition Name: STRAIT, SHARON Name: Address: 17 RIO VISTA DR Address: City-St-Zip: STUART, FL 34996 City-St-Zip:	
Title: DPS () Delete Title: () Change () Addition Name: BOWMAN, TEDDI Name: Address: 1268 SW JANETE AVE. Address: City-St-Zip: PORT SAINT LUCIE, FL 34953 City-St-Zip:	AND DIRECTORS:

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: TEDDI BOWMAN DPS 04/12/2006