

FILED
Apr 14, 2006 8:00 am
Secretary of State

[illegible]

DOCUMENT # P04000109273		Secretary of State 04-14-2006 90132 034 ***150.00	
1. Entity Name BLOOM HAIR DESIGN, INC.			
Principal Place of Business 306 LAKEVIEW STREET 402 ORLANDO, FL 32804 US		Mailing Address 306 LAKEVIEW STREET 402 ORLANDO, FL 32804 US	
2. Principal Place of Business Stephans Salon 915 S Orlando Ave Orlando FL		3. Mailing Address 1600 Bryn Mawr St Orlando FL	
City & State Orlando FL		City & State Orlando FL	
Zip 32		Country 32804	
4. FEI Number 20-1401234		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent WOODS, ELIZABETH 306 LAKEVIEW STREET 402 ORLANDO, FL 32804		7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WOODS, ELIZABETH 306 LAKEVIEW STREET #402 ORLANDO, FL 32804 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: E Woods		Date 4.11.06 Daytime Phone # 407 325 7453	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	