2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000109273

Entity Name: BLOOM HAIR DESIGN, INC.

FILED May 01, 2007 Secretary of State

| Current Principal Place of Business: | New Principal Place of Business: |
|--------------------------------------|----------------------------------|
| | |

STEPHENS SALOR 995 S ORLANDO AVE ORLANDO, FL 32804 US

Current Mailing Address: New Mailing Address:

160 BRYN MAWR ST 8455 SHELBYVILLE HWY ORLANDO, FL 32804 US EAGLEVILLE, TN 37060 US

FEI Number: 20-1401234 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

WOODS, ELIZABETH 306 LAKEVIEW STREET 402 ORLANDO, FL 32804 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:

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 D
 () Delete
 Title:
 D
 (X) Change () Addition

 Name:
 WOODS, ELIZABETH
 Name:
 WOODS, ELIZABETH

 Address:
 306 LAKEVIEW STREET #402
 Address:
 8455 SHELBYVILLE HWY

 City-St-Zip:
 ORLANDO, FL 32804 US
 City-St-Zip:
 EAGLEVILLE, TN 37060 US

 Title:
 P
 () Delete
 Title:
 P
 (X) Change () Addition

 Name:
 WOODS, ELIZABETH
 Name:
 WOODS, ELIZABETH

Name: WOODS, ELIZABETH
Address: 306 LAKEVIEW STREET #402
City-St-Zip: ORLANDO, FL 32804 US
Name: WOODS, ELIZABETH
Address: 8455 SHELBYVILLE HWY
City-St-Zip: EAGLEVILLE, TN 37060 US

Title: VP () Delete Title: VP (X) Change () Addition Name: WOODS, ELIZABETH VP (X) Change () Addition Name: WOODS, ELIZABETH

Address: 306 LAKEVIEW STREET #402 Address: 8455 SHELBYVILLE HWY
City-St-Zip: ORLANDO, FL 32804 US City-St-Zip: EAGLEVILLE, TN 37060 US

Title: S () Delete Title: S (X) Change () Addition

 Name:
 WOODS, ELIZABETH
 Name:
 WOODS, ELIZABETH

 Address:
 306 LAKEVIEW STREET #402
 Address:
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 City-St-Zip:
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Name:WOODS, ELIZABETHName:WOODS, ELIZABETHAddress:306 LAKEVIEW STREET #402Address:8455 SHELBYVILLE HWYCity-St-Zip:ORLANDO, FL 32804 USCity-St-Zip:EAGLEVILLE, TN 37060 US

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: E WOODS PRES 05/01/2007