

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000109273

Entity Name: BLOOM HAIR DESIGN, INC.

FILED
Apr 25, 2008
Secretary of State

Current Principal Place of Business:

STEPHENS SALOR
995 S ORLANDO AVE
ORLANDO, FL 32804 US

Current Mailing Address:

8455 SHELBYVILLE HWY
EAGLEVILLE, TN 37060 US

New Principal Place of Business:

STEPHENS SALON
995 S ORLANDO AVE
ORLANDO, FL 32804 US

New Mailing Address:

220 S HAMPTON AVE
ORLANDO, FL 32803 US

FEI Number: 20-1401234

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

WOODS, ELIZABETH
220 S. HAMPTON AVE
ORLANDO, FL 32803 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:

04/25/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: WOODS, ELIZABETH
Address: 8455 SHELBYVILLE HWY
City-St-Zip: EAGLEVILLE, TN 37060 US

Title: P () Delete
Name: WOODS, ELIZABETH
Address: 8455 SHELBYVILLE HWY
City-St-Zip: EAGLEVILLE, TN 37060 US

Title: VP () Delete
Name: WOODS, ELIZABETH
Address: 8455 SHELBYVILLE HWY
City-St-Zip: EAGLEVILLE, TN 37060 US

Title: S () Delete
Name: WOODS, ELIZABETH
Address: 8455 SHELBYVILLE HWY
City-St-Zip: EAGLEVILLE, TN 37060 US

Title: T () Delete
Name: WOODS, ELIZABETH
Address: 8455 SHELBYVILLE HWY
City-St-Zip: EAGLEVILLE, TN 37060 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: WOODS, ELIZABETH
Address: 220 S. HAMPTON AVE.
City-St-Zip: ORLANDO, FL 32803 US

Title: P (X) Change () Addition
Name: WOODS, ELIZABETH
Address: 220 S. HAMPTON AVE.
City-St-Zip: ORLANDO, FL 32803 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: WOODS, ELIZABETH
Address: 220 S. HAMPTON AVE
City-St-Zip: ORLANDO, FL 32803 US

Title: () Change () Addition
Name:
Address:
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: EWOODS

PRES

04/25/2008

Electronic Signature of Signing Officer or Director

Date