2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000109818

1. Entity Name
FUSION HAIR STUDIO, INC.

Principal Place of Business	Mailing Address
11371 N WILLIAMS ST STE 1 DUNNELLON, FL 34432	21855 SW 86TH ST DUNNELLON, FL 34431

DO NOT WRITE IN THIS SPACE

02202006   No Chg-P   CR2E034 (11/05)

4. FEI Number ~~03-0596980~~ 03-0546980	Applied For
	Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

NIXON, CANDACE L
21855 SW 86TH ST
DUNNELLON, FL 34431

DO NOT WRITE IN THIS SPACE

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 _____

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐   **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PT
NAME	NIXON, CANDACE L
STREET ADDRESS	21855 SW 86TH ST
CITY-ST-ZIP	DUNNELLON, FL 34431

TITLE	
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CITY-ST-ZIP	

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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: X _____   CANDACE L. NIXON   2/28/06   (352) 489-3202

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #