

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000120193

FILED
Mar 28, 2008
Secretary of State

Entity Name: THE CREATIVE EDGE OF HAIR DESIGN, INC.

Current Principal Place of Business:

6419 MILLSTONE DR
NEW PORT RICHEY, FL 346555529 US

New Principal Place of Business:

Current Mailing Address:

6419 MILLSTONE DR
NEW PORT RICHEY, FL 346555529 US

New Mailing Address:

FEI Number: 20-2226773

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WRIGHT, RUTHANNE
6419 MILLSTONE DR
NEW PORT RICHEY, FL 346555529 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: WRIGHT, RUTHANNE
Address: 6419 MILLSTONE DR
City-St-Zip: NEW PORT RICHEY, FL 34655 US

Title: VP () Delete
Name: WRIGHT, KEVIN L
Address: 6419 MILLSTONE DR
City-St-Zip: NEW PORT RICHEY, FL 34655 US

Title: S () Delete
Name: WRIGHT, RUTHANNE
Address: 6419 MILLSTONE DR
City-St-Zip: NEW PORT RICHEY, FL 34655 US

Title: T () Delete
Name: WRIGHT, RUTHANNE
Address: 6419 MILLSTONE DR
City-St-Zip: NEW PORT RICHEY, FL 34655 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: RUTHANNE WRIGHT

P

03/28/2008

Electronic Signature of Signing Officer or Director

Date