

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000122348

Entity Name: CREATIVE HAIR II, INC.

FILED  
Jul 21, 2005  
Secretary of State

## Current Principal Place of Business:

4857 E 192 ST  
ST CLOUD, FL 34771

## New Principal Place of Business:

## Current Mailing Address:

4857 E 192 ST  
ST CLOUD, FL 34771

## New Mailing Address:

FEI Number: 06-1732085

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

HERRMAN, WILLIAM R ESQ  
498 PALM SPRINGS DR  
STE 100  
ALTAMONTE SPRINGS, FL 32701 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

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:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES ( ) Change (X) Addition  
Name: DALESSANDRIS, JOANN C  
Address: 4857 E. IRLO BRONSON MEMORIAL HWY.  
City-St-Zip: ST. CLOUD, FL 34771 US

Title: VP ( ) Change (X) Addition  
Name: DALESSANDRIS, ANGELO  
Address: 4857 E. IRLO BRONSON MEMORIAL HWY.  
City-St-Zip: ST. CLOUD, FL 34771 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: JOANN DALESSANDRIS

P

07/21/2005

Electronic Signature of Signing Officer or Director

Date