2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2008
Secretary of State

DOCUMENT# P04000123350

Entity Name: TRIPLE'S J HAIR &DAY SPA INC.

Current Principal Place of Business:

1500 MOCKINGBIRD LN
LONGWOOD, FL 32750 US

New Principal Place of Business:

865 SEMORAN BLVD
CASSELBERRY, FL 32707 US

Current Mailing Address:

1500 MOCKINGBIRD LN
LONGWOOD, FL 32750 US

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LEWIS, ODEAN E
1500 MOCKINGBIRD LN
LONGWOOD, FL 32750 US

Name and Address of New Registered Agent:

LEWIS, BRIDGETTE L
1500 MOCKINGBIRD LN
LONGWOOD, FL 32750 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: BRIDGETTE L LEWIS 03/12/2008
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: LEWIS, BRIDGETTE L
Address: 1500 MOCKINGBIRD LN.
City-St-Zip: LONGWOOD, FL 32750 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: BRIDGETTE LEWIS P 03/12/2008
Electronic Signature of Signing Officer or Director Date