2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2006
Secretary of State

DOCUMENT# P04000138421

Entity Name: GOLDEN HANDS HAIRDRESSER'S INC.

Current Principal Place of Business:

11519 SUMMER HAVEN BLVD., N.
JACKSONVILLE, FL 32258

New Principal Place of Business:

Current Mailing Address:

11519 SUMMER HAVEN BLVD., N.
JACKSONVILLE, FL 32258

New Mailing Address:

FEI Number: 20-1710854 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

STRICKLAND, BRIAN
11519 SUMMER HAVEN BLVD., N.
JACKSONVILLE, FL 32258 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: PUZYRENKO, OKSANA
Address: 11519 SUMMER HAVEN BLVD., N.
City-St-Zip: JACKSONVILLE, FL 32258

Title: V ( ) Delete
Name: PUZYRENKO, SERGEY
Address: 11519 SUMMER HAVEN BLVD., N.
City-St-Zip: JACKSONVILLE, FL 32258

Title: T ( ) Delete
Name: PUZYRENKO, RAYISA
Address: 11519 SUMMER HAVEN BLVD., N.
City-St-Zip: JACKSONVILLE, FL 32258

Title: D ( ) Delete
Name: STRICKLAND, BRIAN H
Address: 11519 SUMMER HAVEN BLVD., N.
City-St-Zip: JACKSONVILLE, FL 32258

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 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: BRIAN STRICKLAND DR 02/25/2006
Electronic Signature of Signing Officer or Director — Date