## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P04000166398

FILED Apr 29, 2005 Secretary of State

Entity Name: THEE HAIR GALLERY SALON & SPA OF TAMPA BAY, INC.

Current Principal Place of Business:		New Principal Plac	New Principal Place of Business:	
	K STREET RSBURG, FL 33	3709 US		
Current N	lailing Address	:	New Mailing Addre	ess:
	K STREET RSBURG, FL 33	3709 US		
FEI Number	: 20-1992586	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )
Name and	d Address of Cu	rrent Registered Agent:	Name and Address	s of New Registered Agent:
	OM OLINA AVENUE RSBURG, FL 33			
	e named entity su e of Florida.	bmits this statement for the p	urpose of changing its registe	red office or registered agent, or both,
SIGNATU	RE:			
SIGNATU		Signature of Registered Age	ent	Date
	Electronic	Signature of Registered Age	ent	Date
Election Ca	Electronic	Trust Fund Contribution ( ).		Date  GES TO OFFICERS AND DIRECTOR
Election Car DFFICER Title: Name: Address:	Electronic mpaign Financing	Trust Fund Contribution ( ).  ORS: Delete  AVENUE NE		
Election Cal OFFICER Fitle: Name: Address: City-St-Zip: Fitle: Name: Address:	Electronic mpaign Financing  S AND DIRECT  P ()E DAHER, TOM 2070 CAROLINA ST PETERSBURG	Trust Fund Contribution ( ).  ORS: Delete  AVENUE NE G, FL 33703 US Delete  AVENUE NE	ADDITIONS/CHAN Title: Name: Address:	GES TO OFFICERS AND DIRECTOR
Election Ca	Electronic mpaign Financing  S AND DIRECT  P () E  DAHER, TOM  2070 CAROLINA  ST PETERSBURG  VP () E  DAHER, MONA  2070 CAROLINA  ST PETERSBURG	Trust Fund Contribution ( ).  ORS: Delete  AVENUE NE G, FL 33703 US Delete  AVENUE NE G, FL 33703 US Delete  AVENUE NE AVENUE NE AVENUE NE Delete	ADDITIONS/CHAN  Title: Name: Address: City-St-Zip:  Title: Name: Address:	GES TO OFFICERS AND DIRECTOR  ( ) Change ( ) Addition

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: TOM DAHER P 04/29/2005