

**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

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**FILED**  
**Apr 06, 2006 8:00 am**  
**Secretary of State**

03-07-2006 90005 041 \*\*\*150.00

**DOCUMENT # P05000017116**

1. Entity Name  
**STYLING CREATIONS, INC.**



Principal Place of Business  
**800 PARK VIEW DRIVE #819  
 HALLANDALE, FL 33009**

Mailing Address  
**800 PARK VIEW DRIVE #819  
 HALLANDALE, FL 33009**

**66008888**



2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State

Zip Country

02172006 Chg-P CR2E034 (11/05)

6. Name and Address of Current Registered Agent

**GRAYSON, JANET  
 800 PARK VIEW DRIVE #819  
 HALLANDALE, FL 33009**

4. FEI Number  
**59-3797207**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! ; FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD GRAYSON, JANET 800 PARK VIEW DRIVE #819 HALLANDALE, FL 33009 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Janet Grayson* **3-4-06**  
Signature and typed or printed name of holding officer or director Date Daytime Phone #