

Amended 2006 FOR PROFIT CORPORATION ANNUAL REPORT

09-14-2006 90001 045 ***150.00
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60038906 SECRETARY OF STATE
TALLAHASSEE, FLORIDA



06052006 Chg-P CR2E034 (11/05)

DOCUMENT # P05000028785			
1. Entity Name EUROPEAN HAIR COLOR CONNECTION INC.			
Principal Place of Business 2425 ROYAL ROAD DELAND, FL 32724-8438		Mailing Address 2425 ROYAL ROAD DELAND, FL 32724-8438	
2. Principal Place of Business 2247 S. Woodland Blvd. Suite, Apt. #, etc.		3. Mailing Address 150 Knights Hollow Dr. Suite, Apt. #, etc.	
City & State Deland, FL		City & State Apopka FL	
Zip 32720	Country USA	Zip 32712	Country
4. FEI Number 20-49841163		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SCHREIMEL GERHARD 2425 ROYAL ROAD DELAND, FL 32724-8438		7. Name and Address of New Registered Agent Name Anne Leach Street Address (P.O. Box Number is Not Acceptable) 150 Knights Hollow Dr. City & State Apopka FL Zip Code 32712	
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 _____ (NOTE: Registered Agent signature required when restate) DATE _____			
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP Owner Operator Schreimel, Bernard 2425 Royal Road Deland FL 32724-8438	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP owner operator Anne Leach 150 knights Hollow Dr. Apopka, FL 32712	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: Anne Leach		6-5-06	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	