2007 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 27, 2007 8:00 am Secretary of State DOCUMENT # P05000032185 04-27-2007 90200 014 ***150.00 CLASSIC CURLS, INC. Principal Place of Business Mailing Address 1247 DEERBOURNE DRIVE 1247 DEERBOURNE DRIVE 411080119 WESLEY CHAPEL, FL 33617 WESLEY CHAPEL, FL 33617 US 3. Mailing Address 3/105 SOTWLEAF LW. 2. Principal Place of Business - No P.O. Box # 31105 SATONLEAK LN Suite, Apt. #, etc. WESLEY CHAPEL Suite, Apt. #, etc. 04252007 Chg-P CR2E034 (12/06) 4. FEI Number Applied For EloRida 20-2439029 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Regulred 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BYRNE, DANIEL E 31105 SATINBAK LANE - 31/05 SATINLEAF LANE WESLEY CHAPEL, FL 33543 Street Address (P.O. Box Number is Not Acceptable) City 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when remstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOWILL FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. \Box Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Change TITLE Delete TITLE ☐ Addition BARE DANIEL É. 31105 SATINLES F. LANE BYRNE, DANIEL E NAME NAME STREET ADDRESS 1247 DEERBOURNE DRIVE STREET ADDRESS CITY-ST-ZIP WESLEY CHAPEL, FL 33543 CITY-ST-7/P TITLE Delete TITLE √ Change ☐ Addition BROWN, BRUCE G NAME NAME STREET ADDRESS 6205 FARTHING STREET STREET ADDRESS CITY+ST-ZIP **TAMPA, FL 33647** CITY-ST-ZIP S/T TITT E Delete TITLE ☐ Change ☐ Addition NAME PERNA III, RICHARD J NAME STREET ADDRESS 29635 BIRDS EYE DRIVE STREET ADDRESS WESLEY CHAPEL, FL 33543 CITY-ST-ZIP CITY-ST-ZIP TALLE TITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP City-St-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 trulited employeered 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 otips like empowered. SIGNATURE: SIGNING OFFICER OR DIRECTOR

FILED