

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2006 8:00 am
Secretary of State

04-20-2006 90198 027 ***158.75

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04132006 Chg-P CR2E034 (11/05)

DOCUMENT # P05000070766					
1. Entity Name C'CRETS THE HAIR BOUTIQUE INC					
Principal Place of Business 227 ST. JOHNS AVE. PALATKA, FL 32177			Mailing Address 227 ST. JOHNS AVE. PALATKA, FL 32177		
2. Principal Place of Business 227 ST. JOHNS AVE Suite, Apt. #, etc.		3. Mailing Address 227 ST. JOHNS AVE Suite, Apt. #, etc.			
City & State PALATKA, FL		City & State PALATKA, FL		FEI Number 20-4694567	
Zip 32177		Country USA		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired		<input checked="" type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent HALL, CLARENCE H III 1601 NAPOLEON ST. PALATKA, FL 32177			7. Name and Address of New Registered Agent Name TAKESHA J. BROWN Street Address (P.O. Box Number is Not Acceptable) 2417 CARR ST. City PALATKA FL Zip Code 32177		
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: <i>Takesha J. Brown</i>				DATE: 04/15/06	
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	D HALL, CLARENCE H III 1601 NAPOLEON ST. PALATKA, FL 32177	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT TAKESHA J. BROWN 2417 CARR ST. PALATKA, FL 32177	<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: <i>Takesha J. Brown</i>				DATE: 04/15/06 (886) 326-1355	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #	