

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 29, 2007 8:00 am**  
**Secretary of State**

03-29-2007 90012 008 \*\*\*158.75

|   |  |  |  |   |  |
|---|--|--|--|---|--|
| <b>DOCUMENT # P06000009969</b>  |  |  |  |   |  |
| <b>1. Entity Name</b><br><b>STUDIO HAIR SALON, INC.</b>   |  |  |  |   |  |
| <b>Principal Place of Business</b><br><b>6645 SOUTH FLORIDA AVENUE</b><br><b>SUITE 7</b><br><b>LAKELAND, FL 33813 US</b>  |  |  | <b>Mailing Address</b><br><b>6645 SOUTH FLORIDA AVENUE</b><br><b>SUITE 7</b><br><b>LAKELAND, FL 33813 US</b> |   |  |
| <b>2. Principal Place of Business - No P.O. Box #</b>   |  | <b>3. Mailing Address</b>  |  |   |  |
| Suite, Apt. #, etc.   |  | Suite, Apt. #, etc.  |  |   |  |
| City & State  |  | City & State   |  |   |  |
| Zip   | Country  | Zip  | Country  | <b>4. FEI Number</b><br><div style="font-size: 1.2em; font-family: cursive;">20-4207884</div> |  |
| <b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/>   |  |  |  | <b>\$8.75 Additional Fee Required</b>   |  |
| <b>6. Name and Address of Current Registered Agent</b>  |  |  | <b>7. Name and Address of New Registered Agent</b>   |   |  |
| <b>HAMILTON, BRENDA</b><br><b>6645 SOUTH FLORIDA AVENUE</b><br><b>SUITE 7</b><br><b>LAKELAND, FL 33813</b>  |  |  | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City   |   |  |
|   |  |  | State <b>FL</b> Zip Code   |   |  |
| <b>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.</b>  |  |  |  |   |  |
| <b>SIGNATURE</b> _____ (NOTE: Registered Agent signature required when retesting)   |  |  |  |   |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2007 Fee will be \$550.00</b>   |  | <b>9. Election Campaign Financing</b><br>Trust Fund Contribution. <input type="checkbox"/> |  | <b>\$5.00 May Be Added to Fees</b>  |  |
| <b>10. OFFICERS AND DIRECTORS</b>   |  |  | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>P</b><br><b>HAMILTON, BRENDA</b><br><b>6645 SOUTH FLORIDA AVENUE, #7</b><br><b>LAKELAND, FL 33813</b> |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                             |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                             |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                             |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                             |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                             |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                             |  |
| <b>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.</b> |  |  |  |   |  |
| <b>SIGNATURE:</b>   |  |  | <b>BRENDA HAMILTON</b>   |   |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  |  |  | Date <b>3/27/07</b> Daytime Phone # <b>863-619-2357</b>  |   |  |

OR 863-286-7784