

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000036195

FILED  
Apr 30, 2008  
Secretary of State

Entity Name: BRAIDS AND HAIR WRAPS BY KIM, INC.

## Current Principal Place of Business:

4056 SHAKESPEARE ROAD  
ORLANDO, FL 32839

## New Principal Place of Business:

1664 W HOLDEN AVENUE  
244  
ORLANDO, FL 32839

## Current Mailing Address:

4056 SHAKESPEARE ROAD  
ORLANDO, FL 32839

## New Mailing Address:

1664 W HOLDEN AVENUE  
244  
ORLANDO, FL 32839

FEI Number: 06-1771443

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ELLIS, KIMBERLY S  
4056 SHAKESPEARE ROAD  
ORLANDO, FL 32839 US

## Name and Address of New Registered Agent:

ELLIS, KIMBERLY S  
1664 W HOLDEN AVENUE  
244  
ORLANDO, FL 32839 US

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.

SIGNATURE: KIMBERLY ELLIS

04/30/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: ELLIS, KIMBERLY S  
Address: 4056 SHAKESPEARE ROAD  
City-St-Zip: ORLANDO, FL 32839

Title: P (X) Delete  
Name: ELLIS, KIMBERLY S  
Address: 4056 SHAKESPEARE ROAD  
City-St-Zip: ORLANDO, FL 32839

Title: P (X) Delete  
Name: ELLIS, KIMBERLY S  
Address: 4056 SHAKESPEARE ROAD  
City-St-Zip: ORLANDO, FL 32839

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Name: ELLIS, KIMBERLY S  
Address: 4056 SHAKESPEARE ROAD  
City-St-Zip: ORLANDO, FL 32839

Title: P (X) Delete  
Name: ELLIS, KIMBERLY S  
Address: 4056 SHAKESPEARE ROAD  
City-St-Zip: ORLANDO, FL 32839

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: ELLIS, KIMBERLY S  
Address: 1664 W HOLDEN AVENUE APT NO 244  
City-St-Zip: ORLANDO, FL 32839

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KIMBERLY ELLIS

OFFI

04/30/2008

Electronic Signature of Signing Officer or Director

Date