2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000077365

MYRTHIL, JEAN

7320 NORTH WEST 44TH COURT

NORTH LAUDERDALE, FL 33068

Name:

Address:

City-St-Zip:

Intity Name: TOUCH OF INSPIRATION HAIR STUDIO, INC

FILED May 01, 2009 Secretary of State

Entity Name: 100CH OF INSPIRATION HAIR STUDIO, INC.					
Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
	TH WEST 447 AUDERDALE,				
Current Mailing Address:			New Mailing Address:		
	TH WEST 441 HILL, FL 33319				
FEI Number	: 20-4985152	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:					
PITTER, CARL S 7435 NORTH WEST 57TH STREET TAMARAC, FL 33319 US			PITTER, CARL S 7447 NORTH WEST 5 TAMARAC, FL 33319	7447 NORTH WEST 57TH STREET	
	named entity e of Florida.	submits this statement for the p	purpose of changing its registered	d office or registered agent, or both,	
SIGNATURE: CARL S PITTER				05/01/2009	
	Electron	nic Signature of Registered Ag	ent	Date	
		(3(2)(b), F.S., the corporation did no	ot receive the prior notice.		
Election Campaign Financing Trust Fund Contribution (). OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	CROOKS, DEE	VEST 44TH COURT	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	CROOKS, DEE	VEST 44TH COURT	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	CROOKS, DEE	VEST 44TH COURT	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	CROOKS, DEE	VEST 44TH COURT	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title:	VP () Delete	Title:	() Change () Addition	

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.

Name:

Address:

City-St-Zip:

SIGNATURE: DEBBIE CROOKS P 05/01/2009