


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 01, 2008 8:00 am**  
**Secretary of State**

02-01-2008 90019 006 \*\*\*158.75

<b>DOCUMENT # P06000107530</b>	
1. Entity Name <b>ALLURE HAIR DESIGNS INC.</b>	

Principal Place of Business 9516 U.S. HWY 19 PORT RICHEY, FL 34668 US	Mailing Address 10449 MAYFLOWER ROAD SPRING HILL, FL 34608 US
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



01292008 Chg-P CR2E034 (12/06)

4. FEI Number <b>20-5411551</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		
6. Name and Address of Current Registered Agent <b>OVERSMITH, JENNIFER A 10449 MAYFLOWER ROAD SPRING HILL, FL 34608</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>P</b>	<input type="checkbox"/> Delete	TITLE <b>P</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>OVERSMITH, JENNIFER A</b>		NAME <b>Jennifer OverSmith</b>	
STREET ADDRESS <b>10449 MAYFLOWER ROAD</b>		STREET ADDRESS <b>10449 Mayflower Rd</b>	
CITY-ST-ZIP <b>SPRING HILL, FL 34608</b>		CITY-ST-ZIP <b>SPRING HILL FL 34608</b>	
TITLE <b>VP</b>	<input checked="" type="checkbox"/> Delete	TITLE <b>VP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>CALISE, WILLIAM J JR</b>		NAME <b>THOMAS OVERSMITH</b>	
STREET ADDRESS <b>8011 PAPERBARK LANE</b>		STREET ADDRESS <b>10449 MAYFLOWER RD</b>	
CITY-ST-ZIP <b>PORT RICHEY, FL 34668</b>		CITY-ST-ZIP <b>SPRING HILL FL 34608</b>	
TITLE	<input type="checkbox"/> Delete	TITLE <b>Sec</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME <b>Jennifer OverSmith</b>	
STREET ADDRESS		STREET ADDRESS <b>10449 MAYFLOWER RD</b>	
CITY-ST-ZIP		CITY-ST-ZIP <b>SPRING HILL FL 34608</b>	
TITLE	<input type="checkbox"/> Delete	TITLE <b>Treas</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME <b>Thomas OverSmith</b>	
STREET ADDRESS		STREET ADDRESS <b>10449 MAYFLOWER RD</b>	
CITY-ST-ZIP		CITY-ST-ZIP <b>SPRING HILL FL 34608</b>	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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:** Jennifer OverSmith Jennifer OverSmith 1/29/08 727 85-9600  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #