2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000116797

Entity Name: AURORA HAIR SALONS, INC.

FILED Aug 16, 2007 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:	
5553 S.E. STUART,	FEDERAL HIG FL 34997	GHWAY		
Current Mailing Address:			New Mailing Address:	
5553 S.E. STUART,	FEDERAL HIG FL 34997	SHWAY		
FEI Number	: 03-0604835	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()
Name and	d Address of (Current Registered Agent:	Name and Address o	f New Registered Agent:
3601 S.E. SUITE NU	AGUERRE, D OCEAN BOUI JMBER 003 FL 34996 US	LEVARD		
	e named entity e of Florida.	submits this statement for the	purpose of changing its registered	d office or registered agent, or both,
SIGNATU	RE:			
	Electro	nic Signature of Registered Ac	gent	Date
		3(2)(b), F.S., the corporation did r	not receive the prior notice.	
		g Trust Fund Contribution ().	ADDITIONS/CHANCE	S TO OFFICERS AND DIRECTORS
OFFICER	S AND DIREC	ioks:		3 TO OFFICERS AND DIRECTORS
Title:	*) Delete	Title:	() Change () Addition
Name: Address:	ASHLEY, MICH	JCIE CRESCENT UNIT 206	Name: Address:	
City-St-Zip:	STUART, FL 3		City-St-Zip:	
Title:	D () Delete	Title:	()Change ()Addition
Title: Name:	D (TENNANT, NIC	•	Title: Name:	() Change () Addition
	•	OLE	******	()Change ()Addition
Name:	TENNANT, NIC	OLE ROL ST.	Name:	()Change ()Addition
Name: Address:	TENNANT, NIC 2785 SE CARP STUART, FL 3	OLE ROL ST. 4997	Name: Address:	
Name: Address: City-St-Zip:	TENNANT, NIC 2785 SE CARP STUART, FL 3	OLE ROL ST. 4997 Delete	Name: Address: City-St-Zip:	() Change () Addition () Change () Addition
Name: Address: City-St-Zip: Title:	TENNANT, NIC 2785 SE CARF STUART, FL 3 D (X ASHLEY, HOL	OLE ROL ST. 4997 Delete	Name: Address: City-St-Zip: Title:	
Name: Address: City-St-Zip: Title: Name:	TENNANT, NIC 2785 SE CARF STUART, FL 3 D (X ASHLEY, HOL	OLE ROL ST. 4997 C) Delete LY JCIE CRESCENT, UNIT 206	Name: Address: City-St-Zip: Title: Name:	
Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip:	TENNANT, NIC 2785 SE CARF STUART, FL 3 D (X ASHLEY, HOL 624 SW ST. LU STUART, FL 3	OLE ROL ST. 4997 Delete LY JCIE CRESCENT, UNIT 206 4994	Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip:	()Change ()Addition
Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title:	TENNANT, NIC 2785 SE CARF STUART, FL 3 D (X ASHLEY, HOL 624 SW ST. LU STUART, FL 3	OLE ROL ST. 4997 Delete LY JCIE CRESCENT, UNIT 206 4994	Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title:	
Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip:	TENNANT, NIC 2785 SE CARF STUART, FL 3 D (X ASHLEY, HOL 624 SW ST. LU STUART, FL 3	OLE ROL ST. 4997 (i) Delete LY UCIE CRESCENT, UNIT 206 4994 (i) Delete CHAEL	Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip:	()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.

SIGNATURE: NICOLE TENNANT D 08/16/2007