

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000041081

Entity Name: CLASSIX HAIR, INC.

FILED
Apr 14, 2009
Secretary of State

Current Principal Place of Business:

4301 NORTH WICKHAM ROAD
MELBOURNE, FL 32935

New Principal Place of Business:

Current Mailing Address:

4301 NORTH WICKHAM ROAD
MELBOURNE, FL 32935

New Mailing Address:

FEI Number: 02-0806222

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ARSENAULT, JOHN P
4301 NORTH WICKHAM ROAD
MELBOURNE, FL 32935 US

Name and Address of New Registered Agent:

ARSENAULT, JOHN P MR
4301 NORTH WICKHAM ROAD
MELBOURNE, FL 32935 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: JOHN P ARSENAULT

04/14/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: ARSENAULT, JOHN P
Address: 225 FORECAST LANE
City-St-Zip: ROCKLEDGE, FL 32955

Title: D () Delete
Name: ARSENAULT, LISA
Address: 225 FORECAST LANE
City-St-Zip: ROCKLEDGE, FL 32955

Title: D (X) Delete
Name: ARSENAULT, CHRISTIAN
Address: 225 FORECAST LANE
City-St-Zip: ROCKLEDGE, FL 32955

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: MR (X) Change () Addition
Name: ARSENAULT, JOHN P
Address: 225 FORECAST LANE
City-St-Zip: ROCKLEDGE, FL 32955

Title: MRS (X) Change () Addition
Name: ARSENAULT, LISA
Address: 225 FORECAST LANE
City-St-Zip: ROCKLEDGE, FL 32955

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: JOHN P ARSENAULT

MR

04/14/2009

Electronic Signature of Signing Officer or Director

Date