2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2011
Secretary of State

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Entity Name: OBSESSIONS STYLING STUDIO INC

Current Principal Place of Business:

10095 BEACH BOULEVARD
550
JACKSONVILLE, FL 32246

New Principal Place of Business:

10095 BEACH BOULEVARD
350
JACKSONVILLE, FL 32246

Current Mailing Address:

P.O BOX 16492
JACKSONVILLE, FL 32245

New Mailing Address:

10095 BEACH BOULEVARD
350
JACKSONVILLE, FL 32246

FEI Number: 26-0187941 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SHELTON, ANGELINA
8539 GATE PKWY WEST #1736
JACKSONVILLE, FL 32216 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P
Name: SHELTON, ANGELINA
Address: 8539 GATE PARKWAY WEST
City-St-Zip: JACKSONVILLE, FL 32216 US

Title: VP
Name: SHELTON, TEON F
Address: P.O BOX 16492
City-St-Zip: JACKSONVILLE, FL 32245 US

Title: OFF
Name: DAVIS, DERRICK
Address: 10095 BECAH BLVD #350
City-St-Zip: JACKSONVILLE, FL 32246

I hereby 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 all other like empowered.

SIGNATURE: ANGELINA SHELTON P 04/30/2011

Electronic Signature of Signing Officer or Director — Date