

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000129157

FILED
Apr 28, 2009
Secretary of State

Entity Name: EMERALD ISLE HAIR REPLACEMENT CENTER, INC.

Current Principal Place of Business:

3520 CANDLEBERRY CT.
BONITA SPRINGS, FL 34134

New Principal Place of Business:

8870 EMERALD ISLE
101
BONITA SPRINGS, FL 34135 US

Current Mailing Address:

3520 CANDLEBERRY CT.
BONITA SPRINGS, FL 34134

New Mailing Address:

8870 EMERALD ISLE
101
BONITA SPRINGS, FL 34135 US

FEI Number: 26-1505759

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DEFILIPPO, NICHOLAS ESQ.
3380 WOODS EDGE CIR., STE. 104
BONITA SPRINGS, FL 34134 US

Name and Address of New Registered Agent:

GLOWNIA, JULIE E
3520 CANDLEBERRY CT.
BONITA SPRINGS, FL 34134 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: JULIE E. GLOWNIA

04/28/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: GLOWNIA, JULIE E.
Address: 3520 CANDLEBERRY CT.
City-St-Zip: BONITA SPRINGS, FL 34134

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: GLOWNIA, JULIE E.
Address: 3520 CANDLEBERRY CT.
City-St-Zip: BONITA SPRINGS, FL 34134 US

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: JULIE E. GLOWNIA

D

04/28/2009

Electronic Signature of Signing Officer or Director

Date