2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2011
Secretary of State

DOCUMENT# P10000098297

Entity Name: ABSOLUTE HAIR LOSS SOLUTIONS OF ORLANDO INC

Current Principal Place of Business:

668 N. ORLANDO AVENUE
206
MAITLAND, FL 32751

New Principal Place of Business:

Current Mailing Address:

668 N. ORLANDO AVENUE
206
MAITLAND, FL 32751

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SMK ACCOUNTING SERVICES INC
274 WILSHIRE BLVD
220
CASSELBERRY, FL 32707 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: BROWN, RONALD D
Address: 900 BOWERSOX DRIVE
City-St-Zip: THE VILLAGES, FL 32159

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: RONALD BROWN P 04/19/2011

Electronic Signature of Signing Officer or Director — Date