

**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 01, 2006 8:00 am**  
**Secretary of State**

03-01-2006 90006 038 \*\*\*150.00

**DOCUMENT # P93000003395**

1. Entity Name  
**DORA'S HAIR STYLING, INC.**



Principal Place of Business  
**327 CORONADO DR.**  
**CLEARWATER BEACH, FL 34630**

Mailing Address  
**327 CORONADO DR.**  
**CLEARWATER BEACH, FL 34630**



0:1132006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-3159787</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**KALLAS, GEORGE**  
**3405 GULF BLVD**  
**BELLEAIR BEACH, FL 33786**

**DO NOT WRITE IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KALLAS, GEORGE 4305 GULF BLVD BELLEAIR BEACH, FL 33786
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KALLAS, DORA 3405 GULF BLVD BELLEAIR BEACH, FL 33786
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**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** *George Kallas* **President** *Feb 24 06*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #