


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 15, 2006 8:00 am
Secretary of State

02-15-2006 90023 050 ***150.00

DOCUMENT # P93000013597 1. Entity Name STREET STYLES HAIR, INC.	
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Principal Place of Business 103400 OVERSEAS HIGHWAY SUITE-118 KEY LARGO, FL 33037	Mailing Address 103400 OVERSEAS HIGHWAY SUITE-118 KEY LARGO, FL 33037
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DO NOT WRITE IN THIS SPACE

00010010

01162006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0401136	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**CREASMAN, GERALD E CPA
9245 SW 157 ST
SUITE-105
MIAMI, FL 33157**

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

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PROBERT STEVE 25 SNAPPER AVE KEY LARGO, FL 33037
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PROBERT SUSAN 25 SNAPPER AVE KEY LARGE, FL 33037
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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 Susan Probert
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____