


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 03, 2006 08:00 AM
Secretary of State

DOCUMENT # P93000041200
 1. Entity Name
 FLORIDA ACADEMY OF HAIR DESIGN, INC.



Principal Place of Business: 38363 STATE ROAD 54 EAST, ZEPHYRHILLS, FL 33540
 Mailing Address: PO BOX 1419, ZEPHYRHILLS, FL 33539-1419

UD0000419601
 02/15/06-80014-002 150.00



DO NOT WRITE IN THIS SPACE

01242006 No Chg-P CR2E034 (11/05)
 4. FEI Number: 59-3189472 Applied For: Not Applicable
 5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 OSBORNE, GEORGIA L
 38239 PEAR COURT
 ZEPHYRHILLS, FL 33541

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5. 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	P
NAME	OSBORNE, GEORGIA L
STREET ADDRESS	38363 HWY 54 E
CITY-ST-ZIP	ZEPHYRHILLS, FL 33540
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Georgia E. Osborne Date: 1-27-06 Daytime Phone #: 813-782-7289
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GEORGIA E. OSBORNE