


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2007 8:00 am
Secretary of State

03-21-2007 90030 015 ***150.00

DOCUMENT # P93000054578 1. Entity Name NOGGIN'S FAMILY HAIR CARE, INC.					
Principal Place of Business 5705 SE ABSHIER BLVD BELLEVUE, FL 34420			Mailing Address 5705 SE ABSHIER BLVD BELLEVUE, FL 34420		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3198006	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KINDER, CAROL 5705 SE ABSHIER BLVD BELLEVUE, FL 34420			7. Name and Address of New Registered Agent Name <u>Kinder, Tamera A</u> Street Address (P.O. Box Number is Not Acceptable) <u>SAME 2034 9th St NW</u> <u>5705 SE abshier Blvd.</u> City <u>Bellview</u> FL Zip Code <u>34420</u>		
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 <u>Tamera A Kinder</u> 3/15/07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007, Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CP KINDER, TAMERA A 1734 SE 27TH LOOP OCALA, FL 34471		<input type="checkbox"/> Delete		
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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: <u>Tamera A Kinder</u> 3/15/07 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					