

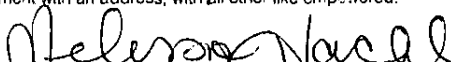


**FILED**  
**Apr 21, 2008 08:00 A**  
**Secretary of State**

<div style="display: flex; justify-content: space-between;"><div><b>DOCUMENT # P93000070721</b> 1. Entity Name MISSY'S HAIR STUDIO, INC.</div><div style="text-align: center;"></div></div>		<b>Secretary of State</b>	
Principal Place of Business 7540 US HWY 1 SUITE 102 LANTANA, FL 33462		Mailing Address 7540 US HWY 1 SUITE 102 LANTANA, FL 33462	
<b>DO NOT WRITE IN THIS SPACE</b>		 04122008    No Chg-P    CR2E034 (11/05)	
		<div style="display: flex; justify-content: space-between;"><div>4. FEI Number <b>65-0466336</b></div><div>Applied For <input type="checkbox"/> Not Applicable</div></div> <div style="display: flex; justify-content: space-between;"><div>5. Certificate of Status Desired    <input type="checkbox"/></div><div><b>\$8.75</b> Additional Fee Required</div></div>	
6. Name and Address of Current Registered Agent  ALBRIGHT, MELISSA M 7540 US HWY 1 SUITE 102 LANTANA, FL 33462		<b>DO NOT WRITE IN THIS SPACE</b>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when reinstating) DATE</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE	D	<div style="display: flex; justify-content: space-between;"><div>U00000302487</div><div>05/06/08-80033-009 150:00</div></div> <div style="text-align: center; height: 100px; vertical-align: middle;"><b>DO NOT WRITE IN THIS SPACE</b></div>	
NAME	ALBRIGHT, MELISSA M		
STREET ADDRESS	7540 US HWY 1, SUITE 103		
CITY- ST- ZIP	LANTANA, FL 33462		
TITLE			
NAME			
STREET ADDRESS			
CITY- ST- ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY- ST- ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY- ST- ZIP			
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: 		04-14-08	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	