## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

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

ANNUAL REPORT				A	)r 21, 2008
DOCU	MENT # P930000707	<b>721</b>			Secretary of St
MISSY'S	HAIR STUDIO, INC.				
1	ce of Business	Mailing Address			
7540 US HV Suite 102	WY 1	7540 US HWY 1 SUITE 102			
LANTANA, FL 33462 LANTANA, FL 33462				86)), 88()), 188(), PB()) (88); 1(88) ((8)88) ()	
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. j <u></u> .			in Section 1	04122008 No Chg-P	CR2E034 (11/05)
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S. Jan He Ste	Miles & Sparting Sunday Free 1	son we will also	e Barriera	5. Certificate of Status Desired	\$9.75 Additional
6. Name and Address of Current Registered Agent			,	The first transfer to the	जे. जे प्राप्त
	T, MELISSA M		And the state of	DO NOT V	NRITE
7540 US HWY 1 SUITE 102				6 ( 6 ( 6 ( 6 ( 6 ( 6 ( 6 ( 6 ( 6 ( 6 (	the state of the second
LANTANA, FL 33462				IN THIS S	PACE
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	e named entity submits this statement for the tions of registered agent.	ne purpose of changing its register	ed office or register	red agent, or both, in the State of	Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and	bitle if applicable. [NOTE Registere	d Agent signature required	I when reinstating)	DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00  9. Election Campaign Finar Trust Fund Contribution.				.00 May Be ed to Fees	
10.	OFFICERS AND DI	RECTORS	, market 100 miles	4. 4. 4. 4. 4.	The state of the s
TITLE NAME	D ALBRIGHT, MELISSA M				
STREET ADDRESS	7540 US HWY 1, SUITE 103		1. " " 4. 4. 1. 1960		
TITLE	LANTANA, FL 33462			e Periodian di se dibino	00902487
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12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119. Florida Statules. 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:

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-14-08

Daytime Phone #