2008 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 07, 2008 08:00 Al Secretary of State **DOCUMENT # P94000042458** 1. Entity Name ARDAN'S HOUSE OF BEAUTY, INC. Principal Place of Business Mailing Address 919 N. MONROE STREET 919 N. MONROE STREET TALLAHASSEE, FL 32303 TALLAHASSEE, FL 32303 03202008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3247862 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MULLEN, RABIA A DO NOT WRITE 2013 TED HINES DRIVE TALLAHASSEE, FL 32308 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) \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TIN F MULLEN, RABIA A NAME. U00000882331 Mayna-Anna6-806 150.00 STREET ADDRESS 2013 TED HINES DRIVE CITY-ST-7IP TALLAHASSEE, FL 32308 TILLE NAME STREET ADDRESS CITY-ST-ZIP DILE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE 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 attackagent with an address, with all other like empowered.

SIGNATURE:

TITLE NAME STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-4-08

224-3917

FILED

Date

Daytima Phone #