2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000078464

FILED Jul 03, 2006 Secretary of State

Entity Name: ARTISTIC HAIR GALLERY, INC. **Current Principal Place of Business: New Principal Place of Business:** 180 NW 183RD STREET **STE 123** MIAMI, FL 33169 **Current Mailing Address: New Mailing Address:** 180 NW 183RD STREET STE 123 MIAMI, FL 33169 FEI Number: 65-0594930 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: HOLLEY, JOAN HOLLEY, JOAN F 755 N W 186 DRIVE 755 N W 186 DRIVE MIAMI, FL 33169 MIAMI, FL 33169 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. SIGNATURE: JOAN F HOLLEY 07/03/2006 Electronic Signature of Registered Agent Date In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: (X) Change () Addition HOLLEY, JOAN HOLLEY, JOAN F Name: Name: 755 NW 18TH DRIVE 755 NW 186 DRIVE Address: Address: City-St-Zip: MIAMI, FL 33169 City-St-Zip: MIAMI, FL 33169 US () Delete Title: Title: () Change (X) Addition Name: Name: HOLLEY, JOAN F P 755 NW 186 DR Address: Address: MIAMI GARDENS, FL 33169 US City-St-Zip: City-St-Zip: Title: Title: () Delete TR () Change (X) Addition Name: HOLLEY, SAMANTHA J Name: 755 NW 186 DRIVE Address Address: City-St-Zip: City-St-Zip: MIAMI GARDENS, FL 33169 FL

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOAN F HOLLEY P 07/03/2006