2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

Apr 28, 2006 8:00 am Secretary of State 04-28-2006 90192 004 ***150.00 DOCUMENT # P95000026894 DEBBIES BEAUTY SALON, INC. 50017273 Principal Place of Business Mailing Address 12588 SEMINOLE BOULEVARD 12588 SEMINOLE BOULEVARD LARGO, FL 33778 LARGO, FL 33778 04212006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3057810 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent ALLEN, DEBBIE DO NOT WRITE 157 - 5TH AVENUE, SOUTH WEST LARGO, FL 33770 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) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2006 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. PΠ TITLE NAME ALLEN, DEBBIE 157 5TH AVE. SW STREET ADDRESS CITY-ST-ZIP LARGO, FL 33770 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TIPLE

12. Thereby certify that the information supplied with this filling 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 attachmen with an address, with all other like empowered.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS

FILED