

2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P95000051075

FILED
Sep 12, 2007
Secretary of State

Entity Name: DAVID ANDREW HAIR STUDIO & SPA, INC.

Current Principal Place of Business:

725 LITHIA PINECREST RD.
BRANDON, FL 33511

New Principal Place of Business:

Current Mailing Address:

16528 N. DALE MABRY HWY
TAMPA, FL 33618

New Mailing Address:

FEI Number: 59-3325124

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SANDERS, WALTER
16528 N. DALE MABRY HWY
TAMPA, FL 33618 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: PERDICOW, ANDREW
Address: 3611 WOODHILL DR.
City-St-Zip: BRANDON, FL 33511

Title: P () Delete
Name: COMBS, DAVID
Address: 3611 WOODHILL DR
City-St-Zip: BRANDON, FL 33511

Title: VP (X) Delete
Name: COMBS, ARLETTE
Address: 3611 WOODHILL DR.
City-St-Zip: BRANDON, FL 33511

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: COMBS, DAVID
Address: 3611 WOODHILL DR.
City-St-Zip: BRANDON, FL 33511

Title: VP (X) Change () Addition
Name: COMBS, ARLETTE
Address: 3611 WOODHILL DR
City-St-Zip: BRANDON, FL 33511

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: DAVID COMBS

P

09/12/2007

Electronic Signature of Signing Officer or Director

Date