2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000000802

Entity Name: HAIR DESIGN BY CINDY INC.

FILED Apr 27, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

105 S. RIVERSIDE DR SUITE 140

INDIALANTIC, FL 32903 US

Current Mailing Address: New Mailing Address:

97 NIEMIRA AVE UNIT E

INDIALANTIC, FL 32903 US

3440 WILLOWWOOD DRIVE MELBOURNE, FL 32904 US

FEI Number: 59-3354091 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:

FREDIANELLI, DOREEN C 97 NIEMIRA AVE, UNIT E INDIALANTIC, FL 32903 US FREDIANELLI, DOREEN C 3440 WILLOWWOOD DRIVE MELBOURNE, FL 32904 US

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: DOREEN FREDIANELLI

04/27/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 D
 () Delete

 Name:
 FREDIANELLI, DOREEN C

 Address:
 97 NIEMIRA AVE, UNIT E

 City-St-Zip:
 INDIALANTIC, FL 32903

Title: D (X) Change () Addition
Name: FREDIANELLI, DOREEN C
Address: 3440 WILLOWWOOD DRIVE
City-St-Zip: MELBOURNE, FL 32904

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: DOREEN FREDIANELLI PRES 04/27/2005