

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000011286

Entity Name: AIRBRUSH HEADQUATERS INC

FILED
Jul 06, 2006
Secretary of State

Current Principal Place of Business:

15017 EMERALD COAST PKWY
DESTIN, FL 32541

New Principal Place of Business:

Current Mailing Address:

15017 EMERALD COAST PKWY
DESTIN, FL 32541

New Mailing Address:

FEI Number: 59-3376200

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILSON, SCOTT W
79 LOON LAKE DR
SANTA ROSA BEACH, FL 32459 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

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:

Title: P () Delete
Name: WILSON, SCOTT
Address: 79 LOON LAKE DR
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: S () Delete
Name: WILSON, JENIFER S
Address: 79 LOON LAKE DR
City-St-Zip: SANTA ROSA BEACH, FL 32459

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: SCOTT WILSON

PRES

07/06/2006

Electronic Signature of Signing Officer or Director

Date