

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 17, 2006 8:00 am
Secretary of State

07-17-2006 90144 022 ***150.00

DOCUMENT # P96000016841 1. Entity Name EUROPEAN DIMENSIONS HAIR DESIGN, INC.	
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Principal Place of Business 4035 S FLORIDA AVE STE 2 LAKELAND, FL 33813	Mailing Address 4035 S FLORIDA AVE STE 2 2 LAKELAND, FL 33813 US
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40099529



07062006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3386408	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent DIXON, SHERRIE LYNNE 3838 SOUTH FLORIDA AVE., SUITE 1 LAKELAND, FL 33813	DO NOT WRITE IN THIS SPACE
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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.

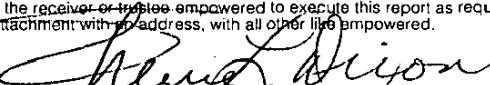
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DIXON, SHERRIE LYNNE 4015 SOUTH PIPKIN LAKELAND, FL 33811
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DIXON, RONALD DEAN 3838 SOUTH FLORIDA AVE., SUITE 1 LAKELAND, FL 33813
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing 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 attachment with my address, with all other like empowered.

SIGNATURE:  **7/11/06**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT

7/9/06

Florida Department of State
Secretary of State
Sue M. Cobb
Division of Corporations
P.O. Box 6327
Tallahassee, Fl. 32314

40099529

Dear Secretary of State,

I received this notice and was very concerned. I can not remember getting the original notice.

It was never my intention to not respond to this most important notice.

I sincerely hope that you will accept this oversight, as it was never intentional.

Hoping for your understanding.

Sincerely,

Sherie L. Dixon
President

~~European Dimensions~~

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