

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2007 08:00 A
Secretary of State

DOCUMENT # P96000016841
 1. Entity Name
 EUROPEAN DIMENSIONS HAIR DESIGN, INC.



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



DO NOT WRITE IN THIS SPACE

02172007 No Chg-P CR2E034 (11/05)

4. FEI Number
 59-3386408 Applied For
 Not Applicable

5. Certificate of Status Desired \$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

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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)

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

DATE
 03/14/07-80041-002 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	DIXON, SHERRIE LYNN
STREET ADDRESS	4015 SOUTH PIPKIN
CITY-ST-ZIP	LAKELAND, FL 33811
TITLE	D
NAME	DIXON, RONALD DEAN
STREET ADDRESS	3838 SOUTH FLORIDA AVE., SUITE 1
CITY-ST-ZIP	LAKELAND, FL 33813
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 an address, with all other like empowered.

SIGNATURE: Sherrie L Dixon 3/1/07 (863)644-8411
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #