2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007
Secretary of State

DOCUMENT# P96000031247

Entity Name: IN SYNC HAIR & BODY WORKS, INC.

Current Principal Place of Business:

5975 NORTH FEDERAL HIGHWAY
FORT LAUDERDALE, FL 33308 US

New Principal Place of Business:

Current Mailing Address:

500 WEST CYPRESS CREEK ROAD
SUITE 210
FORT LAUDERDALE, FL 33309

New Mailing Address:

FEI Number: 65-0654773 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

TOMLINSON, JOHN L
500 WEST CYPRESS CREEK ROAD
SUITE 210
FORT LAUDERDALE, FL 33309 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: AMATO, GAIL
Address: 500 WEST CYPRESS CREEK ROAD, SUITE 210
City-St-Zip: FORT LAUDERDALE, FL

Title: S ( ) Delete
Name: RIOLINO, MARIA
Address: 500 WEST CYPRESS CREEK ROAD, SUITE 210
City-St-Zip: FORT LAUDERDALE, FL

Title: T (X) Delete
Name: WOOD, GILLIAN
Address: 500 WEST CYPRESS CREEK ROAD, SUITE 210
City-St-Zip: FORT LAUDERDALE, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PT (X) Change ( ) Addition
Name: AMATO, GAIL
Address: 500 WEST CYPRESS CREEK ROAD, SUITE 210
City-St-Zip: FORT LAUDERDALE, FL

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 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: GAIL AMATO PT 04/30/2007

Electronic Signature of Signing Officer or Director — Date