


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2007 08:00 AM
Secretary of State

DOCUMENT # P96000060817


1. Entity Name
HEAVENLY HAIR DESIGNS, INC.



Principal Place of Business
62 COMMERCIAL WAY
SPRING HILL, FL 34606

Mailing Address
62 COMMERCIAL WAY
SPRING HILL, FL 34606

DO NOT WRITE IN THIS SPACE



01282007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3389301	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

MUSCO, CAROL A
62 COMMERCIAL WAY
SPRING HILL, FL 34606

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (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

000000619511
 02/08/07-80076-008 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	MUSCO, CAROL A
STREET ADDRESS	62 COMMERCIAL WAY
CITY-ST-ZIP	SPRING HILL, FL 34606
TITLE	D
NAME	ROMAN, KAREN M
STREET ADDRESS	62 COMMERCIAL WAY
CITY-ST-ZIP	SPRING HILL, FL 34606
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 an address, with all other like empowered

SIGNATURE *Karen Roman, Pres.* x 1/31/07 x 352-686-6888
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone