

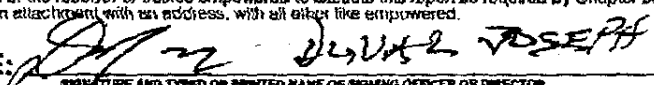


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 01, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P96000088028</b>		
1. Entity Name <b>FRIENDLY DISCOUNT BEAUTY SUPPLY, INC.</b>		
Principal Place of Business <b>1030 NORTHWEST 9TH AVENUE FORT LAUDERDALE, FL 33311</b>	Mailing Address <b>1030 NORTHWEST 9TH AVENUE FORT LAUDERDALE, FL 33311</b>	 <b>04252006 No Chg-P CR2E034 (11/05)</b>
<b>DO NOT WRITE IN THIS SPACE</b>		
4. FEI Number <b>65-0707110</b>		
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		Applied For <input type="checkbox"/> Not Applicable
6. Name and Address of Current Registered Agent <b>JOSEPH, RAYMOND E 1030 NW 9TH AVENUE FORT LAUDERDALE, FL 33311</b>		
<b>DO NOT WRITE IN THIS SPACE</b>		
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 _____		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
10. OFFICERS AND DIRECTORS		<b>1000000555019 05/16/06-80016-014 150.00</b>  <b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D DUVAL, JOSEPH 1030 NORTHWEST 9TH AVENUE FORT LAUDERDALE, FL 33311</b>	
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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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date <b>4-26-06</b> Daytime Phone # <b>954/524-2905</b>