## 2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

## Apr 28, 2006 8:00 am Secretary of State **DOCUMENT # P97000037384** 1. Entity Name 04-28-2006 90168 019 \*\*\*150.00 MAIN STREET BEAUTY MAX, INC. Principal Place of Business Mailing Address 1024 MAIN ST., N. 1024 MAIN ST., N. GAINESVILLE, FL 33624 GAINESVILLE, FL 33624 02012006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3442855 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent PARK, YOUNG H DO NOT WRITE 1024 MAIN ST., N. GAINESVILLE, FL 33624 IN THIS SPACE 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. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE PARK, YOUNG H NAME STREET ADDRESS 1024 MAIN STREET N CITY-ST-ZIP GAINESVILLE, FL 33624 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

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 accorate 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

r like empowered.

RINTED NAME OF SIGNING OFFICER OR DIRECTOR

indicated on this report or supplemental report is true and of the corporation or the receiver or trustee empowered changed, or on an attachment with en address

SIGNATURE: \_

**FILED**