


FILED
Feb 13, 2006 8:00 am
Secretary of State

<h1>DOCUMENT # P97000045458</h1>			
1. Entity Name HAIR CONNECTION NORTH, INC.			
Principal Place of Business 1842 N. TAMiami TRAIL N. FT.MYERS, FL 33917		Mailing Address 1842 N. TAMiami TRAIL N. FT.MYERS, FL 33917	
2. Principal Place of Business 5731 Foxlake Drive Suite, Apt. #, etc. #4 City & State North Fort Myers FL Zip 33917 Country Lee		3. Mailing Address 5731 Foxlake Dr. Suite, Apt. #, etc. #4 City & State North Fort Myers FL Zip 33917 Country Lee	
6. Name and Address of Current Registered Agent			
SHIDLER, JANET 1900 CLIFFORD ST. #707 FORT MYERS, FL 33901		Name	
		Street Address 5731	
		City North	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent.			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5 Ad	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		11.	
D SHIDLER, JANET 1842 N. TAMiami TRAIL N. FT.MYERS, FL 33917		<input type="checkbox"/> Delete	
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 the provisions of Chapter 607, F.S., which require the filing of a supplemental report if the information indicated on this report or supplemental report is true and accurate and that my signature shall have the effect of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, F.S., if the information is changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <u>Janet Shidler Janet Shidler</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			