## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P97000046261

Entity Name: MORELLI & CO. HAIR DESIGNS, INC.

FILED Jan 03, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

1153 MAIN STREET SUITE 103 DUNEDIN, FL 34698

Current Mailing Address: New Mailing Address:

1153 MAIN STREET SUITE 103 DUNEDIN, FL 34698

FEI Number: 59-3454792 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MORELLI, MICHAEL A
3323 WINDCHIME DR
CLEARWATER, FL 34621 US

MORELLI, MICHAEL A
3323 WINDCHIME DR
CLEARWATER, FL 33761 US

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: 01/03/2007

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: PD (X) Change () Addition Name: MORELLI, MICHAEL A Address: 3323 WINDCHIME DRIVE Title: PD (X) Change () Addition Name: MORELLI, MICHAEL A Address: 3323 WINDCHIME DRIVE

3323 WINDCHIME DRIVE
CLEARWATER, FL 34621

Address: 3323 WINDCHIME DRIVE
Clearwater, FL 33761

Clearwater, FL 33761

Title: SD () Delete Title: SD (X) Change () Addition Name: MORELLI, SANDRA M Name: MORELLI, SANDRA M

Name:MORELLI, SANDRA MName:MORELLI, SANDRA MAddress:3323 WINDCHIME DRIVEAddress:3323 WINDCHIME DRIVECity-St-Zip:CLEARWATER, FL 34621City-St-Zip:CLEARWATER, FL 33761

I hereby certify that the information supplied with this filing does not qualify for the 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: MICHAEL A MORELLI PD 01/03/2007