
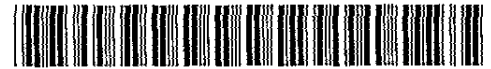


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2006 08:00 AM
Secretary of State

| | |
|---------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| DOCUMENT # P97000048964 1. Entity Name HEAVENLY HAIR AND NAIL SALON, INC. |  |
|---------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|

| | |
|---------------------------------------------------------------------------|--------------------------------------------------------------|
| Principal Place of Business 604 W LANCASTER RD ORLANDO, FL 32809 US | Mailing Address 5440 CHISWICK CIRCLE ORLANDO, FL 32812 |
|---------------------------------------------------------------------------|--------------------------------------------------------------|



01232006 No Chg-P CR2E034 (11/05)

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| | |
|-----------------------------------------------------------|--------------------------------|
| 4. FEI Number 59-3453398 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

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|----------------------------------------------------------------------------------------------------------------------------------|
| 6. Name and Address of Current Registered Agent HYDE-WHITE, MARY 5440 CHISWICK CIRCLE ORLANDO, FL 32812 HEAVENLY |
|----------------------------------------------------------------------------------------------------------------------------------|

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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.
604 W LANCASTER RD
ORLANDO, FL 32809
SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____

| | |
|-------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|
| 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"/> \$5.00 May Be Added to Fees |
|-------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|

| 10. OFFICERS AND DIRECTORS | |
|------------------------------------------------|--------------------------------------------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D HYDE-WHITE, MARY 5440 CHISWICK CIRCLE ORLANDO, FL 32812 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D PHELPS, LYNDIA 5440 CHISWICK CIRCLE ORLANDO, FL 32812 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D HYDE, ROSE 5440 CHISWICK CIRCLE ORLANDO, FL 32812 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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05/08/06-80037-008 158.75

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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: Mary Jan Hyde-White **04/24/06 (407) 816-2004**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #