2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P97000071140

SIGNATURE:

1. Entity Name
PRESTIGE HAIR DESIGNS BY TRACY, INC.



FILED Apr 30, 2007 08:00 Al Secretary of State

Processor Private Control State Control Stat	TRESTIGETIAN DESIGNS BY TIMO?, INC.							'				
Suite. Aptl. #, etc. Suite City & State City & City & State City & State City & State City & State City & City & State City &	6513 PEMBROKE RD				6513 PEMBROKE RD							
City & State	Principal Place of Business - No P.O. Box # 3.				3. Mailing Address							
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Security					B. Chata				CR2EU:	<u> </u>		
S. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WALTERS, PRISCILLA K 6513 PEMBROKE RD HOLLYWOOD, FL 33023 City FL Zip Code City FL Diplomate Agent and set if explicate agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE FILE NOWITH FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 After May 1, 2007 Fee will be \$550.00 After May 1, 2007 Fee will be \$550.00 AND CITY OF COMPANY OF COMPAN	City & State	Ony & State			City & State			1				`
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Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code 6. The above named ontity submits this statement for the purpose of changing its registered office or registered agent, or both, in the Statu of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature Street Address (P.O. Box Number is Not Acceptable) 6. The above named ontity submits this statement for the purpose of changing its registered office or registered agent, or both, in the Statu of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature Street Address (P.O. Box Number is Not Acceptable) FILE MOWILI FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE WALTERS, PRISCILLA K SIRET ADDRESS OTH'S1-2P TITLE MAKE SIRET ADDRESS OTH'S1-2P TITLE	WAITERS PRISCILLA K						Name					
B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Signature Synature, topic or private name of registered agent and set is registered. (note: Registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. (note: Registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. (note: Registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the control of the control of Florida. I am familiar with, and accept the florida. I am familiar with and accept the florida. I am familiar with and accept the florida. I am familiar with and accept the	6513 PEM	BROKE R	RD `		Street Address			(P.O. Box Number is Not Acceptable)				
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