2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

Apr 29, 2005 08:00 AM Secretary of State DOCUMENT # P98000031956 FONTENELE HAIR DESIGNERS INC. Principal Place of Business Mailing Address 1855 N US I 1855 N US I FORT PIERCE, FL 34946 FORT PIERCE, FL 34946 04052005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0827653 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 5. Name and Address of Current Registered Agent HERNDON, LOUISE DO NOT WRITE 4712 SEAGRAPE DRIVE FORT PIERCE, FL 34982 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 (NOTE Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TITLE HERNDON, LOUISE NAME STREET ADDRESS 4712 SEAGRAPE DRIVE FORT PIERCE, FL 34982 CITY-ST-ZIP U00000342483 ′29/0S-80058-006 150.0D 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 12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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 of 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.

FILED