2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005
Secretary of State

DOCUMENT# P98000082936

Entity Name: CHANGES FAMILY HAIR CARE, INC.

Current Principal Place of Business:

10771 BEACH BLVD STE 202
JACKSONVILLE, FL 32246

New Principal Place of Business:

1301 MONUMENT RD.
SUITE 24
JACKSONVILLE, FL 32225

Current Mailing Address:

10771 BEACH BLVD STE 202
JACKSONVILLE, FL 32246

New Mailing Address:

P O BOX 350834
JACKSONVILLE, FL 32235 US

FEI Number: 59-3543112 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SMOKE, TONYA L
10771 BEACH BLVD STE 202
JACKSONVILLE, FL 32246 US

Name and Address of New Registered Agent:

SMOKE, TONYA L
P O BOX 350834
JACKSONVILLE, FL 32235 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: 04/29/2005
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: SMOKE, TONYA
Address: 10771 BEACH BLVD STE 202
City-St-Zip: JACKSONVILLE, FL 32246

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: SMOKE, TONYA
Address: P O BOX 350834
City-St-Zip: JACKSONVILLE, FL 32235

I hereby certify that the information supplied with this filing does not qualify for the 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 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: TONYA SMOKE D 04/29/2005
Electronic Signature of Signing Officer or Director — Date