2006 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

Apr 17, 2006 08:00 AM Secretary of State DOCUMENT # P98000102870 1. Entity Name HAIR WORKS PLUS INCORPORATED Principal Place of Business Mailing Address 7604 CORTEZ RD W **BRADENTON FL 34210-2446 BRADENTON FL 34210-2446** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite. Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State 4. FEI Number Applied For 65-0880149 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HUGHES, JENNIFER S Street Address (P.O. Box Number is Not Acceptable) 7604 CORTEZ RD W **BRADENTON FL 34210-2446** City Zip Code 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, typed or primed name of registered agent and life if applicable (NOTE Registered Agent signature required when reinstancy) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing **\$5.00** May Be After May 1, 2006 Fee Will Be \$550,00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 BILL ☐ Delete TITLE ☐ Change Addition NAME HUGHES, JENNIFER S NAME STREET ADDRESS 7604 CORTEZ RD W STREET MODRESS C)7Y~S7-21P **BRADENTON FL 34210-2446** CHY-ST-ZIP U00000513295^{□ Change} □ Delete uneTITLE Addition MAME LOFTHOUSE, DONNA C NAME. 04/29/06-8d124-006 150.**00** STREET ADDRESS STREET ADDRESS 7604 CORTEZ RD W CITY-ST-78 BRADENTON FL 34210-2446 CITY-ST-ZIP 555.5 Delate HH ☐ Change MAME STREET ADDRESS STRLET ADDRESS CITY-SI-79 CITY-ST-ZIP DHE Delete HILL Change Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CHY-ST-ZIP TITLE E3 Delete RILE Addition 🔲 Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP □ Delete HILE 7471 F Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CULY-ST-ZP

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12. Thereby certify that the information supplied with this liting does not qualify for the exemptions contained in Section 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. 4/13/06

SIGNATURE: