


2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

08 NOV 21 PM 2:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000106133		
1. Entity Name DIVINE DESIGNS SALON, INC.		

Principal Place of Business 1606 OAKFIELD DR 103 BRANDON, FL 33511	Mailing Address 1606 OAKFIELD DR 103 BRANDON, FL 33511
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address PO BOX 2190
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State BRANDON FL
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Zip	Country	Zip	Country
33509-2190	USA	33509-2190	USA

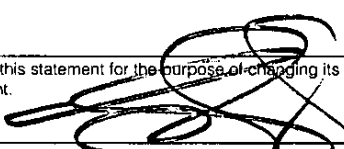
11182008 Chg-P CR2E034 (12/06)

4. FEI Number 59-3550972	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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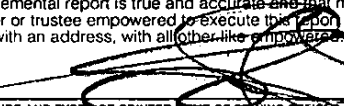
6. Name and Address of Current Registered Agent RASHID, GERALDINE 1606 OAKFIELD DR 103 BRANDON, FL 33511	
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7. Name and Address of New Registered Agent Name SAM RASHID Street Address (P.O. Box Number is Not Acceptable) 2802 SYDNEY RD City PLANT CITY FL Zip Code 33566	
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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.	
SIGNATURE 	DATE 11/14/2008

Amended AR Is \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP RASHID, GERALDINE 1606 OAKFIELD DR #103 BRANDON, FL 33511 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP SAM RASHID 2802 SYDNEY RD PLANT CITY FL 33566 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D RASHID, SAM 2802 SYDNEY ROAD PLANT CITY, FL 33566 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	600138180206 11/21/08-01031-002 ***61.25 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 empowers.	
SIGNATURE 	DATE 11/14/2008 (P13) 754.1665

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

KS