

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 14, 2005 8:00 am**  
**Secretary of State**

03-14-2005 90102 038 \*\*\*150.00

<b>DOCUMENT # P99000023861</b> 1. Entity Name <b>EXECUTIVE HAIR ADDITIONS, INC.</b>					
Principal Place of Business <b>144 SOUTH FEDERAL HWY. BOCA RATON, FL 33432</b>			Mailing Address <b>144 SOUTH FEDERAL HWY. BOCA RATON, FL 33432</b>		
2. Principal Place of Business <b>1580 NW 2nd Avenue</b>		3. Mailing Address <b>1580 NW 2nd Avenue</b>			
Suite, Apt. #, etc. <b>Bay 1</b>		Suite, Apt. #, etc. <b>Bay 1</b>			
City & State <b>Boca Raton, Florida</b>		City & State <b>Boca Raton, Florida</b>			
Zip <b>33431</b>	Country <b>USA</b>	Zip <b>33431</b>	Country <b>USA</b>	4. FEI Number <b>65-0916697</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent  <b>GUIDE, DIANNE 144 SOUTH FEDERAL HWY. BOCA RATON, FL 33432</b>			7. Name and Address of New Registered Agent Name <b>Dianne Guide</b> Street Address (P.O. Box Number is Not Acceptable) <b>1580 NW 2nd Avenue</b> <b>Bay 1</b> City <b>Boca Raton</b> / <b>FL</b> Zip Code <b>33431</b>		
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 <u><i>Dianne Guide</i></u> DATE <u>3/10/05</u> <small>Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>			9. Election Campaign Financing <b>\$5.00</b> May Be Trust Fund Contribution <input type="checkbox"/> Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GUIDE, DIANNE 144 SOUTH FEDERAL HWY. BOCA RATON, FL 33432	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Guide, Dianne 1580 NW 2nd Avenue, Bay 1 Boca Raton, FL 33431	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing 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 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.					
SIGNATURE: <u><i>Dianne Guide</i></u> DATE <u>3/10/05</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					