2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2006
Secretary of State

DOCUMENT# P99000079797

Entity Name: DEBORAH HAIR CONNECTION, INC.

Current Principal Place of Business:

424 S. CENTRA AVE.
APOPKA, FL 32703

New Principal Place of Business:

424 S. CENTRA L AVE.
APOPKA, FL 32703

Current Mailing Address:

424 S. CENTRA AVE.
APOPKA, FL 32703

New Mailing Address:

424 S. CENTRA L AVE.
APOPKA, FL 32703

FEI Number: 59-3597011 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SMITH, DEBORAH A
424 S. CENTRA AVE.
APOPKA, FL 32703 US

Name and Address of New Registered Agent:

SMITH, DEBORAH A
424 S. CENTRAL AVE.
APOPKA, FL 32703 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: DEBORAH SMITH 02/09/2006
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: SMITH, DEBORAH A
Address: 424 S. CENTRA AVE.
City-St-Zip: APOPKA, FL 32703

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: SMITH, DEBORAH A
Address: 424 S. CENTRAL AVE.
City-St-Zip: APOPKA, FL 32703

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: DEBORAH SMITH PD 02/09/2006
Electronic Signature of Signing Officer or Director Date