2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 19, 2007 8:00 am Secretary of State 03-19-2007 90080 043 ***150.00

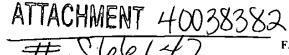
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	1. Entity Nam	MENT # S66147 POT HAIR SALON, INC.					03-19-2007	90080 043 *** 130	.00			
Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. O1152007 Chg-P CR2E034 (12/06)	521 S. GULFVIEW BLVD PO BOX 3433			767	· -·		,	I 419% 8480 819% 848% 8180 81	 16 1			
City & State Country Country A, FEI Number 59-3076958 A, FEI Number 59-3076958 Set To Additional Feet Required Set To Applicate of Status Desired To Nume Street Address of Name and Address of Current Registered Agent To Nume Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code 8. The above named and substantial this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Forda. I am familiar with, and acceptable or registered agent, or both, in the State of Forda. I am familiar with, and acceptable or registered agent, or both, in the State of Forda. I am familiar with, and acceptable or registered agent, or both, in the State of Forda. I am familiar with, and acceptable or registered agent, or both, in the State of Forda. I am familiar with, and acceptable or registered agent, or both, in the State of Forda. I am familiar with, and acceptable or registered agent, or both, in the State of Forda. I am familiar with, and acceptable or registered agent, or both, in the State of Forda. I am familiar with, and acceptable or registered agent, or both, in the State of Forda. I am familiar with, and acceptable or registered agent, or both, in the State of Forda. I am familiar with, and acceptable or registered agent, or both, in the State of Forda. I am familiar with, and acceptable or registered agent, or both, in the State of Forda. I am familiar with, and acceptable or registered agent, or both, in the State of Forda. I am familiar with, and acceptable or registered agent, or both, in the State of Forda. I am familiar with, and acceptable or registered agent. FILE NOWIII FEE IS \$150.00 OFFICEPS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. INTER ADDIT	2. Principal Place of Business - No P.O. Box # 3.		3. Mailing Address	Mailing Address								
Signature Sign	Suite, Apt. #, etc.		Suite, Apt. #, etc.		01152007	Chg-P	CR2E034 (12/06)					
S. Certificate of Status Desired Specified Fee Regulard ACKSON, LINDA 2101 SUNSET PT. RD. UNIT 1805 CLEARWATER, FL 33765 6. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) City FLE 2/p Code 6. The above named entity submits this statement for the purpose of changing its registered deflice or registered agent, or both, in the State of Fiorida. 1 am familiar with, and acceptable the obligations of registered agent. SIGNATURE FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. TITLE NAME SIRRET ADDRESS CITY-S1-2P TITLE NAME SIRRET ADDRESS CITY-S1-2P TITLE NAM	City & Stat	e		City & State				— — — ·				
Name Name Street Address (P.O. Box Number is Not Acceptable) Street Address (Zip		<u> </u>	Coun	try			Fee Require				
JACKSON, LINDA 2101 SUNSET PT. RD. UNIT 1805	<u>-</u>	6. Name and Address of Current	Registered Agent		Nt	7. Name and	Address of New R	Registered Agent				
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent. SIGNATURE SIGNATURE SPARLER, typed or printed name of registered agent and 100 if depletable (NOTE Registered Agent supraure required when remaintaining) After May 1, 2007 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution. 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ADACKSON, LINDA 2101 SUNSET PT RD., #1805 CLEARWATER, FL. 33765 CITY-51-2P TITLE NAME STREET ADDRESS CITY-51-2P TITLE NAME STREET ADDRESS CITY-51-2P TITLE NAME STREET ADDRESS CITY-51-2P TITLE NAME STREET ADDRESS CITY-51-2P TITLE NAME STREET ADDRESS CITY-51-2P TITLE NAME STREET ADDRESS CITY-51-2P TITLE NAME STREET ADDRESS CITY-51-2P TITLE NAME STREET ADDRESS CITY-51-2P TITLE NAME STREET ADDRESS CITY-51-2P TITLE NAME STREET ADDRESS CITY-51-2P TITLE NAME STREET ADDRESS CITY-51-2P TITLE NAME STREET ADDRESS CITY-51-2P Delete TITLE NAME STREET ADDRESS CITY-51-2P TITLE NAME STREET ADDRESS CITY-51-2P Delete TITLE NAME STREET ADDRESS CITY-51-2P Delete STREET ADDRESS CITY-51-2P TITLE NAME STREET ADDRESS CITY-51-2P TITLE NAME STREET ADDRESS CITY-51-2P TITLE NAME STREET ADDRESS CITY-51-2P Delete STREET ADDRESS CITY-51-2P TITLE NAME STREET ADDRESS CITY-51-2P Delete STREET ADDRESS CITY-51-2P TITLE NAME STREET ADDRESS CITY-51-2P Delete STREET ADDRESS CITY-51-2P TITLE NAME STREET ADDRESS CITY-51-2P Delete STREET ADDRESS CITY-51-2P TITLE NAME STREET ADDRESS CITY-51-2P Delete STREET ADDRESS CITY-51-2P Delete STREET ADDRESS CITY-51-2P Delete STREET ADDRESS CITY-51-2P TITLE NAME STREET ADDRESS CITY-51-2P CRAMPA STREET ADDRESS CITY-5	2101 SUNSET PT. RD.											
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 STREET ADDRESS	CLEARWA	ATER, FL 33765										
SIGNATURE Signature typed or process and accordance of registered agent and sole it applicable (NOTE: Registered Agent Signature required when remainshing) DATE					City			FL Zip Cod	e			
### After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution.	the obligations of registered agent. SIGNATURE											
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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 empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR





(727) 796-2459

FAX (727) 791-0507

Hicks, Frankenberg & Associates, P.A.

Don. R. Frankenberg Michael D. Hicks

Lou's Spot Hair Salon, Inc.

Period Ended: 12/31/2006

Please review the information below for completeness and accuracy. After your approval, forward to your attorney for preparation of corporate minutes.

X Compensation to Officers: Linda Jackson	<u>Salary</u> 11,400	Shareholder <u>Medical</u> 0	Other						
		Profit							
Contribution to Retirement Plan(s) Stockholder / Officer Lean Ralances and I	Pension 0.00	Sharing 0.00	<u>Other</u> 0.00						
Stockholder / Officer Loan Balances and TRecei Name From	vable Payable	Interest <u>Rate</u>	<u>Date Due</u>						
Changes in officers, directors, stockholde	rs, or registered agent:	: 							
Employee/Stockholder Business Vehicle Changes:									
Current year distributions to shareholders Total distributions were paid from the Accumulated Adjustments Account of: 31,165									
Other:									
	<u> </u>	Michae	Member:						

Suite 204, 28163 U.S. Highway 19 No., Clearwater, FL 33761

Florida Institute of Certified Public Accountants