2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

Apr 20, 2006 08:00 AM Secretary of State DOCUMENT # V03330 1. Entity Name JENNY'S HAIR EXPECTATIONS, INC. Principal Place of Business Mailing Address NOKOMIS VILLAGE SHOPPING CENTER NOKOMIS VILLAGE SHOPPING CENTER **UNIT 1085A UNIT 1085A** NOKOMIS, FL 34275 NOKOMIS, FL. 34275 04102006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0301752 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE MITSIS, STEVEN NOKOMIS VILLAGE SHOPPING CENTER **UNIT 1085A** IN THIS SPACE NOKOMIS, FL 34275 6. 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. 4-17-06 MITSIS LUEAUSENL SVEVE SIGNATURE. 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution, Added to Fees OFFICERS AND DIRECTORS 10. PTD TITLE MITSIS, STEVEN NAME 1085A TAMIAMI TRAIL STREET ADDRESS 000000521993 05/03/06-80012-022 150.00 NOKOMIS, FL. 34275 CITY-ST-ZIP TITLE NAME MITSIS, CANDICE SERFET ADDRESS TORSA TAMIAMI TRAIL CITY-ST-ZIP NOKOMIS, FL 34275 TITLE NAME STREET ADORESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS City-SI-ZiP TITLE NAME STREET AODBESS CITY-57-ZW TITLE

12. Thereby certify that the information supplied with this filling 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:

STREET ADDRESS CITY-\$7-ZIP

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SIGNATURE AND TYPED OR PR INTED NAME OF SIGNING OFFICER OR DIRECTOR 70-17-08

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