## 2007 FOR PROFIT CORPORATION

## **FILED** Apr 25, 2007 08:00 Al Secretary of State **ANNUAL REPORT** DOCUMENT # V03330 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 No Chg-P 02262007 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 MITSIS, STEVEN DO NOT WRITE NOKOMIS VILLAGE SHOPPING CENTER **UNIT 1085A** IN THIS SPACE NOKOMIS, FL 34275 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** Signature, typed or printed name of registered agent and title 4 applicable. (NOTE: Recistered Agent signature required when reinstating) 9.\* Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 10. OFFICERS AND DIRECTORS PTD TITLE MITSIS, STEVEN NAME U00000732141 05/09/07-80023-023 150.00 STREET ADDRESS 1085A TAMIAMI TRAIL CITY-ST-ZIP NOKOMIS, FL 34275 VSP TITLE MITSIS, CANDICE NAME 1085A TAMIAMI TRAIL STREET ADDRESS NOKOMIS, FL 34275 -CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP tπιε NAME STREET ADDRESS

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 eath; 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:

CITY-ST-ZIP TITLE NAME STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR