2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V21374

Entity Name: GALLERY OF HAIR DESIGN, INC.

FILED Apr 24, 2009 Secretary of State

| Current Principal Place of Business: | | New Principal Place of Business: | | |
|--|---------------------------------|----------------------------------|--|--|
| 5109 NW 39TH AVE, S GAINESVILLE, FL 3260 | | | | |
| Current Mailing Address: | | New Mailing Address | New Mailing Address: | |
| 5109 NW 39TH AVE , S GAINESVILLE, FL 3260 | | | | |
| FEI Number: 59-3116934 | FEI Number Applied For () | FEI Number Not Applicable () | Certificate of Status Desired () | |
| Name and Address of | Current Registered Agent: | Name and Address of | ame and Address of New Registered Agent: | |
| DOMBEK, SHARON S 15904 S.W. 15TH AVE. NEWBERRY, FL 32669 |) 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: | | | | |
| Electronic Signature of Registered Agent | | ent | Date | |
| Election Campaign Financi | ng Trust Fund Contribution (). | | | |
| OFFICERS AND DIRECTORS: | | ADDITIONS/CHANGE | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: | |
| Title: P (Name: DOMBEK, SH | | Title: Name: | () Change () Addition | |

City-St-Zip: NEWBERRY, FL 32669

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: SHARON S. DOMBEK **PRES** 04/24/2009