


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P99000054895 1. Entity Name THE HAIR EXCHANGE, INC.	
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Principal Place of Business 3839 N. MONROE ST., UNIT 10 TALLAHASSEE, FL 32303	Mailing Address 3839 N. MONROE ST., UNIT 10 TALLAHASSEE, FL 32303
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DO NOT WRITE IN THIS SPACE

FILED

2006 MAY 16 A 9 21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



05162006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3582090	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HILL, DEBORAH M
3839 N. MONROE ST., UNIT 10
TALLAHASSEE, FL 32303

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IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
Due by September 6, 2006**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT HILL, DEBORAH M PO BOX 180464 TALLAHASSEE, FL 323180464
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SELLERS, LYNNE K 3839 N. MONROE 10 TALLAHASSEE, FL 32303
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05/17/06--01012--005 **150.00

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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: Deborah M Hill Date: 5/16/06 Daytime Phone #: (850) 519-2612

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR