

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000054895

Entity Name: THE HAIR EXCHANGE, INC.

FILED  
Apr 28, 2009  
Secretary of State

**Current Principal Place of Business:**

3839 N. MONROE ST., UNIT 10  
TALLAHASSEE, FL 32303

**New Principal Place of Business:**

**Current Mailing Address:**

3839 N. MONROE ST., UNIT 10  
TALLAHASSEE, FL 32303

**New Mailing Address:**

FEI Number: 59-3582090

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PT ( ) Delete  
Name: HILL, DEBORAH M  
Address: PO BOX 180464  
City-St-Zip: TALLAHASSEE, FL 323180464

Title: S ( ) Delete  
Name: SELLERS, LYNNE K  
Address: 3839 N. MONROE 10  
City-St-Zip: TALLAHASSEE, FL 32303

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
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: DEBORAH M. HILL

PT

04/28/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date