


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 16, 2006 8:00 am
Secretary of State

03-16-2006 90244 044 ***150.00

DOCUMENT # H26313	
1. Entity Name HAIR TRENDS OF BONITA, INC.	

Principal Place of Business 8951 BONITA BEACH RD STE 615 BONITA SPRINGS FL 34135	Mailing Address 8951 BONITA BEACH RD STE 615 BONITA SPRINGS FL 34135
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country	3. Mailing Address Suite, Apt. #, etc. City & State Zip Country
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1st MOORE CR2E034 (10/05)

4. FEI Number 59-2479767	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SAN SOUCI, PAULETTE 21637 PORT RUSH RUN. ESTERO FL 33928	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 11361 VIRGINIA DRIVE City Bonita FL Zip Code	

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 if applicable (NOTE: Registered Agent signature required when reconstituting) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS SANSOUCI, PAULETTE 21637 PORT RUSH RUN ESTERO FL 33928 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS Paulette Sansouci 11361 Virginia Drive Bonita Springs FL 34135 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FIRTH, THOMAS 27200 PULLEN AVE BONITA SPRINGS FL 34135 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Paulette Sansouci **3/6/06 239 992 1071**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #