2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 04, 2005
Secretary of State

DOCUMENT# J50316

Entity Name: HAIR FOCUS, INC.

Current Principal Place of Business:

600 N LK DESTINY DR
C/O HAIRFOCUS, INC
MAITLAND, FL 32751 US

New Principal Place of Business:

600 N LK DESTINY DR
C/O HAIR FOCUS, INC
MAITLAND, FL 32751 US

Current Mailing Address:

600 N LAKE DESTINY DR
% HAIRFOCUS, INC.
MAITLAND, FL 32751 US

New Mailing Address:

600 N LAKE DESTINY DR
% HAIR FOCUS, INC.
MAITLAND, FL 32751 US

FEI Number: 59-2751532 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

THOMPSON, JAMES DAVID II
600 N LAKE DESTINY DR
C/O HAIR FOCUS
MAITLAND, FL 32751 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: D ( ) Delete
Name: THOMPSON, JIM,
Address: 600 N LAKE DESTINY DR.
City-St-Zip: MAITLAND, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: JAMES DAVID THOMPSON, III PRES 01/04/2005

Electronic Signature of Signing Officer or Director Date