

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J55931

FILED
Jan 09, 2007
Secretary of State

Entity Name: HAIR TODAY - GONE TOMORROW, INC.

Current Principal Place of Business:

14914 WINDING CREEK COURT
103-B
TAMPA, FL 33613

New Principal Place of Business:

14914 WINDING CREEK COURT
103-B
TAMPA, FL 33613 US

Current Mailing Address:

3539 GRAND FORKS DR.
LAND O LAKES, FL 34639

New Mailing Address:

3539 GRAND FORKS DR.
LAND O LAKES, FL 34639 US

FEI Number: 59-2872377

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HUDSON, SALLY PRES.
3539 GRAND FORKS DR.
LAND O LAKES, FL 34639 US

Name and Address of New Registered Agent:

HUDSON, SALLY P
3539 GRAND FORKS DR.
LAND O LAKES, FL 34639 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: SALLY HUDSON

01/09/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPT () Delete
Name: HUDSON, SALLY PRES
Address: 3539 GRAND FORKS DR.
City-St-Zip: LAND O LAKES, FL 34639

Title: DS () Delete
Name: ARTHUR, CAROLE
Address: 1005 PAMLICO DRIVE
City-St-Zip: CARY, NC 27511

Title: DV () Delete
Name: BANKS, CAROL LEE
Address: 15928 FARRINGHAM DRIVE
City-St-Zip: TAMPA, FL 33647

Title: DV () Delete
Name: BOGUE, ERIN A
Address: 5029 BEACON HILL DRIVE
City-St-Zip: NEW PORT RICHEY, FL 34652

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPT (X) Change () Addition
Name: HUDSON, SALLY P
Address: 3539 GRAND FORKS DR.
City-St-Zip: LAND O LAKES, FL 34639 US

Title: DS (X) Change () Addition
Name: ARTHUR, CAROLE V
Address: 1005 PAMLICO DRIVE
City-St-Zip: CARY, NC 27511 US

Title: V (X) Change () Addition
Name: BANKS, CAROL LEE
Address: 15928 FARRINGHAM DRIVE
City-St-Zip: TAMPA, FL 33647 US

Title: TR (X) Change () Addition
Name: BOGUE, ERIN A S
Address: 5029 BEACON HILL DRIVE
City-St-Zip: NEW PORT RICHEY, FL 34652 US

I hereby certify that the information supplied with this filing does not qualify for the 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: SALLY HUDSON

P

01/09/2007

Electronic Signature of Signing Officer or Director

Date