2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J55931

BOGUE, ERIN A S

5029 BEACON HILL DRIVE

NEW PORT RICHEY, FL 34652 US

Name:

Address:

City-St-Zip:

Entity Name: HAIR TODAY - GONE TOMORROW, INC.

FILED Jan 07, 2008 Secretary of State

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
14914 WINDING CREEK COURT 103-B TAMPA, FL 33613 US				14910 WINDING CREEK COURT 101-A TAMPA, FL 33613 US	
			TAIVIPA, FL 33613		
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
	ND FORKS DR. AKES, FL 34639	US			
FEI Number	: 59-2872377 F	El Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	d Address of Cur	rent Registered Agent:	Name and Address	of New Registered Agent:	
3539 GRA	, SALLY P ND FORKS DR. AKES, FL 34639	US			
	e named entity sub e of Florida.	mits this statement for the	purpose of changing its register	ed office or registered agent, or both,	
SIGNATU	RE:				
Electronic Signature of Registered Agent			ent	Date	
Election Ca	mpaign Financing Tr	ust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR:	
Title: Name: Address: City-St-Zip:	DPT () De HUDSON, SALLY I 3539 GRAND FORI LAND O LAKES, FL	o KS DR.	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	DS () Delete ARTHUR, CAROLE V 1005 PAMLICO DRIVE D: CARY, NC 27511 US		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	V () De BANKS, CAROL LE 15928 FARRINGHA TAMPA, FL 33647	E M DRIVE	Title: Name: Address: City-St-Zip:	()Change ()Addition	

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.

Name:

Address:

City-St-Zip:

SIGNATURE: SALLY HUDSON PRES 01/07/2008