

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J55931

FILED
Apr 16, 2009
Secretary of State

Entity Name: HAIR TODAY - GONE TOMORROW, INC.

Current Principal Place of Business:

14910 WINDING CREEK COURT
101-A
TAMPA, FL 33613 US

New Principal Place of Business:

3333 W. BEARSS AVE
TAMPA, FL 33618 US

Current Mailing Address:

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

New Mailing Address:

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

Name and Address of New Registered Agent:

HUDSON, SALLY L.
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 L. HUDSON

04/16/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

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

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: SEC (X) Change () Addition
Name: TAYLOR, MELISSA
Address: 3773 AUTUMN PALM DR.
City-St-Zip: ZEPHYRHILLS, FL 33541 US

Title: TR (X) Change () Addition
Name: BOGUE, ERIN A
Address: 5023 COUGAR LOOP
City-St-Zip: HOLIDAY, FL 34690 US

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: SALLY L. HUDSON

PRES

04/16/2009

Electronic Signature of Signing Officer or Director

Date