2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000058236

Entity Name: HAIRFUMERY, INC.

FILED Apr 30, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

2424 OAKBEND DRIVE 2465 HERON TERRACE

#B-204 #1114

PALM HARBOR, FL 34683 CLEARWATER, FL 33762 US

Current Mailing Address: New Mailing Address:

2465 HERON TERRACE 2424 OAKBEND DRIVE

#1114 #B-204

PALM HARBOR, FL 34683 CLEARWATER, FL 33762 US

FEI Number: 59-3660242 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of New Registered Agent: Name and Address of Current Registered Agent:

BAUM, JOANNE M BAUM, JOANNE M 2424 OAKBEND DRIVE 2465 HERON TERRACE

#1114 #B-204

PALM HARBOR, FL 34683 US CLEARWATER, FL 33762 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: JOANNE M. BAUM 04/30/2006

> Electronic Signature of Registered Agent Date

> > Title:

S,D

Election Campaign Financing Trust Fund Contribution ().

() Delete

OFFICERS AND DIRECTORS:

S,D

Title:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD() Delete Title: (X) Change () Addition

BAUM, JOANNE M BAUM, JOANNE M Name: Name: 2424 OAKBEND DRIVE 2465 HERON TERRACE #B-204 Address: Address:

City-St-Zip: PALM HARBOR, FL 34683 City-St-Zip: CLEARWATER, FL 33762 US

(X) Change () Addition Name: BAUM, ALLEN F Name: BAUM, ALLEN F

2424 OAKBEND DRIVE Address: 2465 HERON TERRACE #B-204 Address: PALM HARBOR, FL 34683 CLEARWATER, FL 33762 US City-St-Zip: City-St-Zip:

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: JOANNE M. BAUM P,D 04/30/2006