2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000065801

Entity Name: HAIRCOLORISTS.COM, INC.

Current Principal Place of Business:	**New Principal Place of Business:**
444 W. NEW ENGLAND AVE., SUITE A WINTER PARK, FL 32789	619 VIRGINIA DRIVE ORLANDO, FL 32803

Current Mailing Address:	**New Mailing Address:**
444 W. NEW ENGLAND AVE., SUITE A WINTER PARK, FL 32789	619 VIRGINIA DRIVE ORLANDO, FL 32803

FEI Number: 59-3730179   FEI Number Applied For ( )   FEI Number Not Applicable ( )   Certificate of Status Desired ( )

Name and Address of Current Registered Agent:	**Name and Address of New Registered Agent:**
FAHLSING, CORINE M 444 W. NEW ENGLAND AVE., SUITE A WINTER PARK, FL 32789 US	FAHLSING, CORINE M 619 VIRGINIA DRIVE ORLANDO, FL 32803 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: CORINE MARIE FAHLSING _____   01/11/2005

Electronic Signature of Registered Agent   Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:	**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**
Title: D ( ) Delete Name: FAHLSING, CORINE M Address: 1911 STANLEY ST City-St-Zip: ORLANDO, FL 32803	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: CORINE MARIE FAHLSING   D   01/11/2005

Electronic Signature of Signing Officer or Director   Date