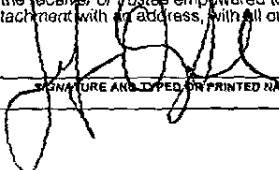


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 17, 2006 08:00 AM
Secretary of State

DOCUMENT # P02000029819		
1. Entity Name THE HAIR STUDIO, INC.		
Principal Place of Business 12450 S. TAMAMI TR WARM MINERAL SPRINGS, FL 34287		Mailing Address 12450 S. TAMAMI TR WARM MINERAL SPRINGS, FL 34287
DO NOT WRITE IN THIS SPACE		
		 02202008 No Chg-P CR2E034 (11/05)
		4. FEI Number 01-0619635 Applied For Not Applicable
		5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent OPSATNICK, JENNIFER 2843 HOPWOOD RD. NORTH PORT, FL 34287		DO NOT WRITE IN THIS SPACE
8. 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. I am familiar with, and accept the obligations of registered agent.		
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agents signature required when reinstating) DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P OPSATNICK, JENNIFER 2843 HOPWOOD RD. NORTH PORT, FL 34287	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PROFETTO, ANNETTE 6384 MALALUKA RD. NORTH PORT, FL 34287	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.		
SIGNATURE:  JENNIFER OPSATNICK SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		3/14/06 Date 941-426-331 Daytime Phone #