## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Aug 07, 2006 8:00 am Secretary of State

Maining Address   Maining Ad	DOCUMENT # P03000088272  1. Entity Name HAIR BY SAMUEL, INC.						08-07-2006	5 90044 021	***15	0.00	
NAPLES, FL 34109  NAPLES, FL 3	Principal Place	e of Business	Mailing Address	<u> </u>							
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B. The above natified printy submits this statemyrithor the pushble of changing its registered office or Agistered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of physiophe agent.  SIGNATURE  SIGNATURE  SUBJULIA					Street Address (P.O. Box Rumbert is Not Acceptable)						
B. The above nextled entity submits this statement for the purpose of changing its registered office or digitations of indicated agent.  SIGNATURE  Signature, topic or interest or preserved agent and after it expectable.  SIGNATURE  Signature, topic or interest or preserved agent and after it expectable.  FILE NOW!!! FEE IS \$550.00  Due by September 6, 2006  10. OFFICERS AND DIRECTORS  Trust Fund Contribution.  TITLE  IMAGE  LANG, DEBORAH P  SIREE MORESS  CITY-ST-2P  TITLE  NAME  SIREE MORESS  CITY-ST-2P  TITLE  Delete  TITLE  NAME  SIREE MORESS  CITY-ST-2P  TITLE  Delete  TITLE  Delete  TITLE  NAME  SIREE MORESS  CITY-ST-2P  TITLE  Delete  TITLE  Delete  TITLE  NAME  SIREE MORESS  CITY-ST-2P  TITLE  Delete  TITLE  Delete  TITLE  NAME  SIREE MORESS  CITY-ST-2P  TITLE  Delete  TITLE  Delete  TITLE  NAME  SIREE MORESS  CITY-ST-2P  TITLE  Delete  TITLE  Delete  TITLE  NAME  SIREE MORESS  CITY-ST-2P  TITLE  Delete  TITLE  Delete  TITLE  NAME  SIREE MORESS  CITY-ST-2P  TITLE  Delete  TITLE  Delete  TITLE  NAME  SIREE MORESS  CITY-ST-2P  TITLE  Delete  TITLE  NAME  SIREE MORESS  CITY-ST-2P  TITLE  Delete  TITLE  NAME  SIREE MORESS  CITY-ST-2P  TITLE  Delete  TITLE  Delete  TITLE  Delete  TITLE  NAME  SIREE MORESS  CITY-ST-2P  TITLE  Delete  TITLE  Delete  TITLE  Delete  TITLE  NAME  SIREE MORESS  CITY-ST-2P  TITLE  SIREE MORESS  CITY-ST-2P  TI	INTI CEO, I	L 04103				•	$\sigma$				
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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 cath; 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:

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/2/06 239-261-330

ATTACHMENT
Hair by Samuel Inc. 50024570

Hair by Samuel Inc. - 5200 Tamiami Trail N, Suite 101
Naples, FL 34103
(239) 261-3309

August 2, 2006

Florida Department of State Division of Corporations

PO Box 1500-

Tallahassee, FL 32302-1500

RE:P03000088272

Enclosed is our 2006 annual report. We regret that this report is being filed late. We did not receive the notice because of a change of address. We have enclosed a check for \$150 and respectfully request that the late fee be waived.

Sincerely,

Deborah Lang