

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 17, 2008 8:00 am**  
**Secretary of State**

01-17-2008 90023 001 \*\*\*150.00

<b>DOCUMENT # P03000107862</b> 1. Entity Name <b>HAIR LINES UNITED, INC.</b>																							
Principal Place of Business <b>701 US HWY 41 S</b> <b>RUSKIN, FL 33570-4700</b>		Mailing Address <b>701 US HWY 41 S</b> <b>RUSKIN, FL 33570-4700</b>																					
2. Principal Place of Business - No P.O. Box # <b>1601 Sun City center plz</b> Suite, Apt. #, etc. <b>Ste A</b>		3. Mailing Address <b>1601 Sun City Center Plz</b> Suite, Apt. #, etc. <b>Ste A</b>																					
City & State <b>Sun City Center FL</b>		City & State <b>Sun City Center FL</b>																					
Zip <b>33573</b> Country		Zip <b>33573</b> Country																					
4. FEI Number <b>20-0347249</b>		Applied For <input type="checkbox"/> Not Applicable																					
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>																							
6. Name and Address of Current Registered Agent  <b>DRIGGERS, PENNY E</b> <b>701 US HWY 41 S</b> <b>RUSKIN, FL 33570-4700</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code																					
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____																							
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>																					
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">D</td> <td style="width: 10%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td><b>DRIGGERS, PENNY E</b></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td><b>701 US HWY 41 S</b></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td><b>RUSKIN, FL 335704700</b></td> <td></td> </tr> </table>		TITLE	D	<input type="checkbox"/> Delete	NAME	<b>DRIGGERS, PENNY E</b>		STREET ADDRESS	<b>701 US HWY 41 S</b>		CITY - ST - ZIP	<b>RUSKIN, FL 335704700</b>		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td><b>1601 Sun City center plz Ste A</b></td> </tr> <tr> <td>STREET ADDRESS</td> <td><b>Sun City Center FL 33573</b></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> </tr> </table>		TITLE	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>	NAME	<b>1601 Sun City center plz Ste A</b>	STREET ADDRESS	<b>Sun City Center FL 33573</b>	CITY - ST - ZIP	
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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.																							
<b>SIGNATURE:</b>		<b>1-12-08 813634-1560</b>																					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #																					