2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2007
Secretary of State

DOCUMENT# P03000141576

Entity Name: HAIR FETISH, INC.

Current Principal Place of Business:

11645 BEACH BLVD., STE. 102
JACKSONVILLE, FL 32246

New Principal Place of Business:

Current Mailing Address:

11645 BEACH BLVD., STE. 102
JACKSONVILLE, FL 32246

New Mailing Address:

FEI Number: 42-1613748 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WILSON, LADONNA
3544 AVALON COVE DR. E.
JACKSONVILLE, FL 32224 US

Name and Address of New Registered Agent:

LASS, BYRON
1544 DELAWARE AVE
JACKSONVILLE, FL 32210 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: BYRON LASS 03/06/2007
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: LASS, BYRON R
Address: 1544 DELAWARE AVE
City-St-Zip: JACKSONVILLE, FL 32210

Title: VP (X) Delete
Name: WILSON, LADONNA
Address: 3544 AVALON COVE DR. E.
City-St-Zip: JACKSONVILLE, FL 32224

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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 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: BYRON LASS P 03/06/2007
Electronic Signature of Signing Officer or Director Date