

2006 FOR PROFIT CORPORATION ANNUAL REPORT

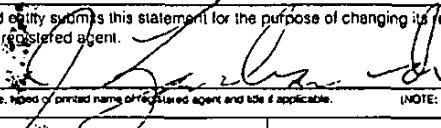
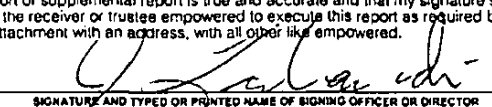
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P05000018085					
1. Entity Name HAIRTOWN 3, INC.					
Principal Place of Business 4603 OKEECHOBEE BOULEVARD SUITE C124 WEST PALM BEACH, FL 33417 US			Mailing Address 4811 LYONS TECHNOLOGY PARKWAY BLDG B, SUITE 28 COCONUT CREEK, FL 33073 US		
2. Principal Place of Business		3. Mailing Address 3720 Park Central Blvd. N			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State Pompano Bch. FL		4. FEI Number 20-2305764	
Zip	Country	Zip	Country	5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
33064	USA	33064	USA		
6. Name and Address of Current Registered Agent LOMBARDI, JACKIE 4811 LYONS TECHNOLOGY PARKWAY BLDG B, SUITE 28 COCONUT CREEK, FL 33073			7. Name and Address of New Registered Agent Name JACKIE Lombardi Street Address (P.O. Box Number is Not Acceptable) 3720 Park Central Blvd. N City Pompano Bch. FL 33064		
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  DATE 6/16/06					
FILE NOW!!! FEE IS \$550.00 Due by September 6, 2006 9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TOLNAI, ROBERT 4811 LYONS TECHNOLOGY PKWY, BLDG B SUITE28 COCONUT CREEK, FL 33073 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JACKIE Lombardi 3720 Park Central Blvd. N Pompano Bch., FL 33064 ☒ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LOMBARDI, JACKIE 4811 LYONS TECHNOLOGY PARKWAY COCONUT CREEK, FL 33073 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	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:  DATE 6/16/06 954/9783002					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR JACKIE Lombardi, Pres,					