

2006 FOR PROFIT CORPORATION ANNUAL REPORT

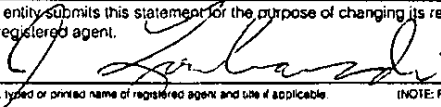
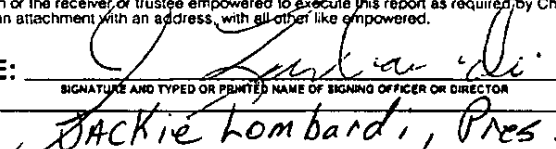
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

40097013

DOCUMENT # P05000018344			
1. Entity Name HAIRTOWN INC.			
Principal Place of Business 10329 ROYAL PALM BLVD CORAL SPRINGS, FL 33065		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	
Zip	Country	Zip	Country
33064	USA	33064	USA
4. FEI Number 20-2303965		Applied For Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required			
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 Zip Code 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 LOMBARDI, JACKIE ☐ Delete 4811 LYONS TECHNOLOGY PKWY, BLDG B SUITE28 COCONUT CREEK, FL 33073	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Jackie Lombardi ☒ Change ☐ Addition 3720 Park Central Blvd. N Pompano Bch., FL 33064
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP TOLNAI, ROBERT ☒ Delete 4811 LYONS TECHNOLOGY PKWY, BLDG B SUITE28 COCONUT CREEK, FL 33073	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Ryan Lombardi ☐ Change ☒ Addition 3720 Park Central Blvd. N Pompano Bch., FL 33064
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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: 		6/16/06 954/978-3002	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Jackie Lombardi, Pres.		Daytime Phone #	