


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 28, 2007 8:00 am**  
**Secretary of State**

03-28-2007 90006 019 \*\*\*150.00

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                        |                                               |                                                                                                                        |                                                                                                                   |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|--|
| <b>DOCUMENT # P05000046892</b><br>1. Entity Name<br><b>HAIRMONGER, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                        |                                               |                                                                                                                        |                                  |  |
| Principal Place of Business<br><b>JON RIC SALON &amp; SPA</b><br><b>2485 UNIVERSITY DR.</b><br><b>POMPANO BEACH, FL 33071</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                        |                                               | Mailing Address<br><b>410 W ROYAL PALM RD</b><br><b>BOCA RATON, FL 33432</b>                                           |                                                                                                                   |  |
| 2. Principal Place of Business - No P.O. Box #<br><br>Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                        | 3. Mailing Address<br><br>Suite, Apt. #, etc. |                                                                                                                        |                                                                                                                   |  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                        | City & State                                  |                                                                                                                        | 4. FEI Number<br><b>51-0539624</b>                                                                                |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                        | Country                                       |                                                                                                                        | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>                   |  |
| 6. Name and Address of Current Registered Agent<br><br><b>KANE, MICHAEL</b><br><b>410 W. ROYAL PALM RD.</b><br><b>BOCA RATON, FL 33432</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                        |                                               |                                                                                                                        | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City |  |
| 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.                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                        |                                               |                                                                                                                        | Applied For<br><input type="checkbox"/> Not Applicable                                                            |  |
| SIGNATURE <i>M. Kane</i><br><small>Signature, typed or printed name of registered agent and title if applicable.</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                        |                                               |                                                                                                                        | DATE <b>3-25-07</b><br><small>(NOTE: Registered Agent signature required when reinstating)</small>                |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2007 Fee will be \$550.00</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                        |                                               | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |                                                                                                                   |  |
| <b>10. OFFICERS AND DIRECTORS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                        |                                               | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>                                                           |                                                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | D<br><b>KANE, MICHAEL</b><br><b>410 W ROYAL PALM RD</b><br><b>BOCA RATON, FL 33432</b> <input type="checkbox"/> Delete |                                               | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Delete                                                                                        |                                               | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Delete                                                                                        |                                               | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Delete                                                                                        |                                               | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Delete                                                                                        |                                               | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Delete                                                                                        |                                               | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                         | <input type="checkbox"/> Change <input type="checkbox"/> 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: <i>M. Kane</i><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                        |                                               | DATE <b>3-25-07</b><br><small>Date</small>                                                                             |                                                                                                                   |  |
| <small>Daytime Phone #</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                        |                                               |                                                                                                                        |                                                                                                                   |  |

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