## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 14, 2008 8:00 am Secretary of State

| DOCUMENT # P05000046892  1. Entity Name HAIRMONGER, INC.   |  |   |   |   |                                       | 04-14-2008 90043 026 ***150.00 |                     |             |                             |  |
|--|--|---|---|---|---------------------------------------|--------------------------------|---------------------|-------------|-----------------------------|--|
| Principal Plac   | ce of Busines                          | s   | Mailing Address   |   |                                       |                                |                     |             |                             |  |
| ION RIC SALON & SPA 410 W ROYAL PALM RD  |  |   |   |   |                                       |                                |                     |             |                             |  |
| 2485 UNIVERSITY DR. BOCA RATON, FL. 33432  |  |   |   |   |                                       | ĺ                              |                     |             |                             |  |
| POMPANO BEACH, FL 33071  |  |   |   |   |                                       |                                |                     |             |                             |  |
|  |  |   |   |   |                                       |                                |                     |             |                             |  |
| 2. Principal Place of Business - No P.O. Box #   |  |   | 3. Mailing Address  |   |                                       |                                |                     |             |                             |  |
| Suite, Apt. #, etc.  |  | Suite, Apt. #, etc.   |   | 01212007  | Chg-P                                 | CR2E0                          | 34 (12/06)          |             |                             |  |
| City & State   |  |   | City & State  |   | 4. FEI Number<br>51-05396             | 524                            |                     | <u> </u>    | optied For<br>of Applicable |  |
| Zip  | Zip Country                            |   | Zip Country   |   | ψу                                    | 5. Certificate of              |                     |             | \$8.75 Add                  | litional                               |
| · · · · · · · · · · · · · · · · · · ·  | 6. Name                                | and Address of Current  | Registered Agent  | <u> </u>  | · ·                                   | 7 Name and A                   | ddress of New R     |             | <del></del>                 | ······································ |
|  |  |   | . respective region   |   | Name                                  | 1. Halls and 7                 | DUICES OF FEMALE    | ogusuciou i | Aeur                        |  |
| KANE, MIC  | CHAEL                                  |   |   |   |                                       |                                |                     |             |                             |  |
| 410 W. ROYAL PALM RD.  |  |   |   | Street Address (P.O. Box Number is Not Acceptable)  |                                       |                                |                     |             |                             |  |
| BOCA RATON, FL 33432   |  |   |   |   |                                       |                                |                     |             |                             |  |
|  |  |   |   |   | City                                  | FL Zip Code                    |                     |             |                             |  |
| 8. The above<br>the obligat  | named entit                            | ty submits this statement for   | or the purpose of changing its                                | register  | ed office or registr                  | tered agent, or both,          | in the State of Flo | xida. Iam   | familiar with,              | and accept                             |
| CIONATION  | _                                      | _   |   |   |                                       |                                |                     |             |                             |  |
| Signature.   |  |   |   |   |                                       |                                |                     |             |                             |  |
|  |  | or printed name of registered agent                                   | t and title if applicable. (NOT                               | E: Registere  | d Agent signature requir              | red when reinstating)          |                     | DATE        |                             |  |
|  | Signature, typed                       | FEE IS \$150.00<br>7 Fee will be \$550.                               | 9. Election Campa   | ign Fina  | neing \$                              | 5.00 May Be idded to Fees      |                     | DATE        |                             |  |
|  | Signature, typed                       | FEE IS \$150.00   | 9. Election Campa<br>Trust Fund Cont                          | ign Fina  | ncing \$                              | 5.00 May Be<br>ided to Fees    | HANGES TO OFF       |             | DIRECTOR                    | S IN 11                                |
| After M  | E NOW!!!<br>ay 1, 200                  | FEE IS \$150.00<br>7 Fee will be \$550.                               | 9. Election Campa<br>Trust Fund Cont                          | ign Finar   | neing \$1                             | 5.00 May Be<br>ided to Fees    | HANGES TO OFF       |             | OIRECTOR:                   | S IN 11                                |
| After M. 10. FITLE NAME  | E NOWI!! eay 1, 200                    | FEE IS \$150.00<br>7 Fee will be \$550.<br>OFFICERS AND               | 9. Election Campa Trust Fund Cont                             | ign Finar<br>tribution.   | ncing \$2                             | 5.00 May Be<br>ided to Fees    | HANGES TO OFF       |             |                             |  |
| 10. TITLE NAME STREET ADDRESS  | E NOW!!! ay 1, 200'  KANE, MI 410 W RC | FEE IS \$150.00 7 Fee will be \$550. OFFICERS AND ICHAEL DYAL PALM RD | 9. Election Campa Trust Fund Cont                             | ign Final<br>tribution.<br>11.<br>TITU<br>NAM<br>STRE   | neing \$1 Ad                          | 5.00 May Be<br>ided to Fees    | HANGES TO OFF       |             |                             |  |
| After M. 10. FITLE NAME  | E NOW!!! ay 1, 200'  KANE, MI 410 W RC | FEE IS \$150.00<br>7 Fee will be \$550.<br>OFFICERS AND               | 9. Election Campa Trust Fund Cont                             | ign Final<br>tribution.<br>11.<br>TITU<br>NAM<br>STRE   | ncing \$2                             | 5.00 May Be<br>ided to Fees    | HANGES TO OFF       |             |                             |  |
| After M.  10.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE   | E NOW!!! ay 1, 200'  KANE, MI 410 W RC | FEE IS \$150.00 7 Fee will be \$550. OFFICERS AND ICHAEL DYAL PALM RD | 9. Election Campa Trust Fund Cont                             | ign Final<br>tribution.  11. TITE! NAM STRE   | E E E E - ST-ZIP E                    | 5.00 May Be<br>ided to Fees    | IANGES TO OFF       |             |                             |  |
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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.

**SIGNATURE:** 

SIGNATURE AND TYPED OR PRINTED MAIRE OF SIGNING OFFICER OR DIRECTOR

4-9-08

54-715-0938

Daytime Phone #