


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2007 08:00 A
Secretary of State

DOCUMENT # P05000113911	
1. Entity Name HAIR COMPANY OF ENGLEWOOD INC.	

Principal Place of Business 3031 PLACIDA RD. SUITE 5 ENGLEWOOD, FL 34224	Mailing Address PO BOX 5035 ENGLEWOOD, FL 34224
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03242007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 26-0124566	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

VAUGHAN, CHRISTINE M 3420 ETHLYN LN ROTONDA, FL 33947
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**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$150.00 After May 1, 2007, Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P VAUGHAN, CHRISTINE M PO BOX 5035 ENGLEWOOD, FL 34224
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC VAUGHAN, CHRISTINE M PO BOX 5035 ENGLEWOOD, FL 34224
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREA VAUGHAN, CHRISTINE M PO BOX 5035 ENGLEWOOD, FL 34224
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR GARRISON, DANK C PO BOX 5035 ENGLEWOOD, FL 34224
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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04/04/07-80048-006 150.00

**DO NOT WRITE
IN THIS SPACE**

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 NAME OF SIGNING OFFICER OR DIRECTOR Date _____ Daytime Phone # _____