

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000007205

Entity Name: HAIR X-PECTIONS, INC.

FILED  
Mar 21, 2007  
Secretary of State

## Current Principal Place of Business:

4649 CLYDE MORRIS BLVD., #604  
PORT ORANGE, FL 32129

## New Principal Place of Business:

## Current Mailing Address:

4649 CLYDE MORRIS BLVD., #604  
PORT ORANGE, FL 32129

## New Mailing Address:

FEI Number: 33-1140904

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

VAN DO, THIEN  
4649 CLYDE MORRIS BLVD., #604  
PORT ORANGE, FL 32129 US

## Name and Address of New Registered Agent:

DO, THIEN V OWNER  
4649 CLYDE MORRIS BLVD., #604  
PORT ORANGE, FL 32129 US

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.

SIGNATURE: THIEN VAN DO

03/21/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: LE, THUAN  
Address: 4649 CLYDE MORRIS BLVD., #604  
City-St-Zip: PORT ORANGE, FL 32129

Title: D ( ) Delete  
Name: VAN DO, THIEN  
Address: 4649 CLYDE MORRIS BLVD., #604  
City-St-Zip: PORT ORANGE, FL 32129

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: OWN (X) Change ( ) Addition  
Name: LE, THUAN D  
Address: 4649 CLYDE MORRIS BLVD., #604  
City-St-Zip: PORT ORANGE, FL 32129

Title: OWN (X) Change ( ) Addition  
Name: DO, THIEN V OWNER  
Address: 4649 CLYDE MORRIS BLVD., #604  
City-St-Zip: PORT ORANGE, FL 32129

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THIEN VAN DO

OWN

03/21/2007

Electronic Signature of Signing Officer or Director

Date