

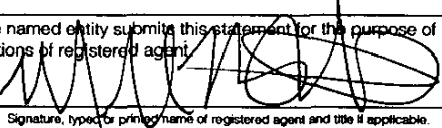


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2008 8:00 am**  
**Secretary of State**

05-01-2008 90239 033 \*\*\*150.00

<b>DOCUMENT # P07000012090</b> 1. Entity Name <b>HAIRCO. INC.</b>					
Principal Place of Business <b>19330 CORTEZ BLVD BROOKSVILLE, FL 34601</b>			Mailing Address <b>400 HARBOUR PLACE DRIVE 1450 TAMPA, FL 33602</b>		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address <b>19330 Cortez Blvd</b>		<b>40031610</b>  	
City & State Zip		City & State <b>Brooksville, FL 34601</b> Zip <b>34601</b>		4. FEI Number <b>20-8313281</b>	
Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required		Applied For Not Applicable	
<b>6. Name and Address of Current Registered Agent</b> <b>PACITTI, MICHAEL R 400 HARBOUR PLACE DRIVE 1450 TAMPA, FL 33602</b>				<b>7. Name and Address of New Registered Agent</b> Name <b>Michael Pacitti</b> Street Address (P.O. Box Number is Not Acceptable) <b>19 80th Terrace</b> City <b>Treasure Island</b> <b>FL</b> Zip Code <b>33706</b>	
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 <b>4/28/08</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P PACITTI, MICHAEL R 400 HARBOUR PLACE DR #1450 TAMPA, FL 33602</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P Michael Pacitti 19 80th Terrace Treasure Island FL 33706</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addit
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP JIMMIE, RODGERS R II 8176 STONEVIEW DR TAMPA, FL 33647</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addit
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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 line empowered.

SIGNATURE: 

4-28-08

813-453-5000