

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000041019

Entity Name: HAIR IT COMES, INC.

FILED  
Apr 30, 2009  
Secretary of State

## Current Principal Place of Business:

1210 PALM BEACH LAKES BOULEVARD  
SUITE A-5  
WEST PALM BEACH, FL 33401 US

## Current Mailing Address:

1210 PALM BEACH LAKES BOULEVARD  
SUITE A-5  
WEST PALM BEACH, FL 33401 US

## New Principal Place of Business:

250 WEST SAMPLE RD.  
SUITE F212  
POMPANO BEACH, FL 33064 US

## New Mailing Address:

250 WEST SAMPLE RD.  
SUITE F212  
POMPANO BEACH, FL 33064 US

FEI Number: 26-2589299

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ARCHER-SPEIGHTS, NINA M  
1210 PLAM BEACH LAKES BOULEVARD  
SUITE A-5  
WEST PALM BEACH, FL 33401 US

## Name and Address of New Registered Agent:

ARCHER-SPEIGHTS, NINA M  
250 WEST SAMPLE RD.  
SUITE #F212  
POMPANO BEACH, FL 33064 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: NINA M. ARCHER-SPEIGHTS

04/30/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: ARCHER-SPEIGHTS, NINA M  
Address: 1210 PALMBEACH LAKES BOULEVARD SUITE A-5  
City-St-Zip: WEST PALM BEACH, FL 33401 US

Title: VP ( ) Delete  
Name: SPEIGHTS, ALFRED III  
Address: 1210 PALM BEACH LAKES BOULEVARD SUITE A-5  
City-St-Zip: WEST PALM BEACH, FL 33401 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: ARCHER-SPEIGHTS, NINA M  
Address: 250 WEST SAMPLE RD. SUITE#F212  
City-St-Zip: POMPANO BEACH, FL 33064 US

Title: VP (X) Change ( ) Addition  
Name: SPEIGHTS, ALFRED III  
Address: 250 WEST SAMPLE RD. SUITE#F212  
City-St-Zip: POMPANO BEACH, FL 33064 US

I hereby certify that the information supplied with this filing does not qualify 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: NINA M. ARCHER-SPEIGHTS

PD

04/30/2009

Electronic Signature of Signing Officer or Director

Date