


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2006 08:00 AM
Secretary of State

DOCUMENT # P93000034387
 1. Entity Name
 HAIRBANGERS, INC.



Principal Place of Business Mailing Address
 7125 US 19 7125 US 19
 NEW PORT RICHEY, FL 34652 US NEW PORT RICHEY, FL 34652 US

DO NOT WRITE IN THIS SPACE



02062006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3184501	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 PAPPI, STACEY
 7125 US 19
 NEW PORT RICHEY, FL 34652

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	PAPPI, STACEY
STREET ADDRESS	4436 STONE CT DR
CITY-ST-ZIP	NEW PORT RICHEY, FL 34653
TITLE	VP
NAME	PAPPI, GINA
STREET ADDRESS	4436 STONE DR
CITY-ST-ZIP	NEW PORT RICHEY, FL 34653
TITLE	S
NAME	PAPPI, HELEN
STREET ADDRESS	1416 FOREST HILLS DRIVE
CITY-ST-ZIP	HOLIDAY, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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  Date 2/6/06 Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR