

**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 10, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # P93000034387

1. Entity Name  
 HAIRBANGERS, INC.



|  |  |
|--|--|
| Principal Place of Business                | Mailing Address                            |
| 7125 US 19<br>NEW PORT RICHEY, FL 34652 US | 7125 US 19<br>NEW PORT RICHEY, FL 34652 US |



01072008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

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

6. Name and Address of Current Registered Agent

PAPPI, STACEY  
 7125 US 19  
 NEW PORT RICHEY, FL 34652

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 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: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #