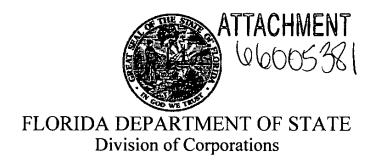
2006 FOR PROFIT CORPORATION _ - ANNUAL REPORT (AR)

Mar 16, 2006 8:00 am **Secretary of State DOCUMENT # P94000089203** 03-01-2006 90021 015 ***150.00 1. Entity Name HAIRE'S GLOBAL SERVICES, INC. Principal Place of Business Mailing Address 221 RIDGEWOOD AVE CLEWISTON FL 33440 PO BOX 2213 CLEWISTON FL 33440 2. Principal Place of Business 3. Mailing Address Suite. Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State 4. FEI Number Applied For 65-0536563 Not Applicable 7in Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HAIRE, PHILIP Street Address (P.O. Box Number is Not Acceptable) 221 RIDGEWOOD AVE **CLEWISTON FL 33440** City Zip Code 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. Prisident FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE TITLE ☐ Delete ☐ Change Addition HAIRE, PHILIP NAME NAME STREET ADDRESS 221 RIDGEWOOD AVE STREET ADDRESS CLEWISTON FL 33440 CITY-ST-ZIP CITY-ST-ZIP TIRE ☐ Defete TITLE ☐ Change Addition NAME HAIRE, E. MARIE NAME STREET ADDRESS 221 RIDGEWOOD AVE STREET ADDRESS CTY-ST-70 CLEWISTON-FL 33440 C(17-51-71P TITLE Deteiz Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ■ Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition NAME HALLA STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP THLE ☐ Defete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

FILED



March 3, 2006

HAIRE''S GLOBAL SERVICES, INC. PO BOX 2213 CLEWISTON, FL 33440

Subject: HAIRE'S GLOBAL SERVICES, INC.

Reference Number:

P94000089203

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report <u>has not been filed</u> and a copy is being returned for the following correction(s):

The annual report/uniform business report must be signed by an officer or director of the corporation.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/cj ANNUAL REPORTS SECTION