

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P96000048127

1. Entity Name  
PLANET HAIR, INC.



Principal Place of Business  
2400 NORTH TAMiami TRAIL  
102  
NAPLES, FL 34103

Mailing Address  
2400 NORTH TAMiami TRAIL  
102  
NAPLES, FL 34103

**FILED  
May 03, 2007 08:00 A  
Secretary of State**



04292007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0681828	Applied For Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> <b>\$8.75</b> Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

TUCKER, KAREN  
5660 10TH AVENUE SW  
NAPLES, FL 34116

**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 restating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution.

**\$5.00** May Be  
Added to Fees

U000000759014  
05/24/07-80025-017 150.00

10. OFFICERS AND DIRECTORS

TITLE D  
NAME TUCKER, KAREN  
STREET ADDRESS 5660 10TH AVENUE S.W.  
CITY-ST-ZIP NAPLES, FL 34116

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-07

Date

Daytime Phone #