


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 16, 2008 08:00 AM
Secretary of State

DOCUMENT # P97000000374 1. Entity Name HAIR UNLIMITED, INC.	
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Principal Place of Business 3900 CLARK ROAD SUITE K2 SARASOTA, FL 34233	Mailing Address 3900 CLARK ROAD SUITE K2 SARASOTA, FL 34233
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DO NOT WRITE IN THIS SPACE



01082008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0718644	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent YOUNGBLOOD, LINDA M 2901 SALEM AVENUE SARASOTA, FL 34232
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**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 _____ (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. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000786125 01/17/08-30027-025 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD YOUNGBLOOD, DAVID J 2901 SALEM AVENUE SARASOTA, FL 34232
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASD YOUNGBLOOD, BETTY J 4102 HANK STREET SARASOTA, FL 34234
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD YOUNGBLOOD, LINDA M 2901 SALEM AVENUE SARASOTA, FL 34232
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD YOUNGBLOOD, HENRY N 4102 HANK SARASOTA, FL 34234
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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: Linda M Youngblood As Sec/Treas 1/13/08 941-371-5299
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #