2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000093223

Entity Name: HAIR CLASSICS, INC

BALKE, NANCY J

1980 N ATLANTIC AVE, SUITE 102

COCOA BEACH, FL 32931

Name:

Address:

City-St-Zip:

FILED Jan 07, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 1980 N ATLANTIC AVE, SUITE 102 CAPE ROYAL BUILDING COCOA BEACH, FL 32931 **Current Mailing Address: New Mailing Address:** 1980 N ATLANTIC AVE, SUITE 102 CAPE ROYAL BUILDING COCOA BEACH, FL 32931 FEI Number: 59-3475464 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BRANT, ROSEANN 1980 N ATLANTIC AVE. SUITE 102 CAPE ROYAL BUILDING COCOA BEACH, FL 32931 US 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. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition BRANT, ROSEANN Name: Name: 1980 N ATLANTIC AVE, SUITE 102 Address: Address: City-St-Zip: COCOA BEACH, FL 32931 City-St-Zip: Title: VD Title: () Delete () Change () Addition Name: BALKE, NANCY J Name: 1980 N ATLANTIC AVE, SUITE 102 Address: Address: COCOA BEACH, FL 32931 City-St-Zip: City-St-Zip: Title: Title: TD () Delete () Change () Addition BRANT, ROSEANN Name: Name: 1980 N ATLANTIC AVE, SUITE 102 Address: Address: City-St-Zip: COCOA BEACH, FL 32931 City-St-Zip: Title: () Delete Title: () Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: ROSEANN BRANT PRES 01/07/2008