

**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 02, 2006 8:00 am**  
**Secretary of State**

02-02-2006 90047 044 \*\*\*150.00

**DOCUMENT # P98000098742**

1. Entity Name  
**HAIRTECK INC.**



Principal Place of Business  
**710 N HWY A1A**  
**INDIALANTIC, FL 32903**

Mailing Address  
**710 N HWY A1A**  
**INDIALANTIC, FL 32903**

2. Principal Place of Business  
 Suite, Apt. #, etc.


3. Mailing Address  
 Suite, Apt. #, etc.

City & State

City & State

Zip Country Zip Country

**60010831**



01312006 Chg-P CR2E034 (11/05)

4. FEI Number  
**59-3545784**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**LOWERY, RANDY D**  
**710 N HWY A1A**  
**INDIALANTIC, FL 32903**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** 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.

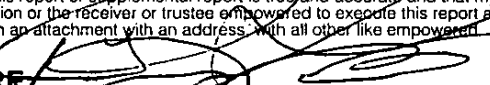
SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D NAME LOWERY, RANDY D STREET ADDRESS 710 N HWY A1A CITY-ST-ZIP INDIALANTIC, FL 32903	<input type="checkbox"/> Delete	TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME DITRAGLIA, GERARDO STREET ADDRESS 710 N HWY A1A CITY-ST-ZIP INDIALANTIC, FL 32903	<input type="checkbox"/> Delete	TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 or 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 empowerment.

SIGNATURE  DATE **1-31-06** DAYTIME PHONE # **122-1663**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR