



**FILED**  
**Apr 30, 2007 8:00 am**  
**Secretary of State**

04-30-2007 90476 005 \*\*\*150.00

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

<b>DOCUMENT # P99000014444</b>		
1. Entity Name <b>HAIR SHADOW, INC.</b>		
Principal Place of Business <b>1271 BAYSHORE BOULEVARD DUNEDIN, FL 34698</b>	Mailing Address <b>1271 BAYSHORE BOULEVARD DUNEDIN, FL 34698</b>	
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  <b>WOODMANSEE, CYNTHIA 2045 BROADWAY CLEARWATER, FL 33755</b>		<b>60045572</b>  01182007 No Chg-P CR2E034 (11/05) 4. FEI Number <b>59-3571012</b> 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> Applied For Not Applicable
		<b>DO NOT WRITE IN THIS SPACE</b>
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 re-issuing) DATE _____		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSTD WOODMANSEE, CYNTHIA L 1271 BAYSHORE BOULEVARD DUNEDIN, FL 34698	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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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: <u>Cynthia Woodmansee</u> <b>Cynthia Woodmansee, Pres.</b> <u>727-736-2416</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #		