2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan 19, 2005 08:00 AM Secretary of State **DOCUMENT # P99000062313** HAIR ENERGY, INC. Mailing Address Principal Place of Business 32950 U.S. 19 N 32950 U.S. 19 N PALM HARBOR, FL 34684 PALM HARBOR, FL 34684 No Chg-P CR2E034 (10/03) 01102005 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3577719 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent AWAD, PATRICIA DO NOT WRITE 32950 US 19 N PALM HARBOR, FL 34684 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 Signature, typed or printed name of registered agent and title if applicable. 9. Election Campaign Financing **\$5.00** May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 \Box Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE AWAD, PATRICIA NAME U00000185038 01/20/05-80056-002 150.**00** STREET ADDRESS 32950 US 19 N CITY-ST-ZIP PALM HARBOR, FL 34684 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 1.19.07(3)(i), 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.

FILED

Davime Phone #