2008 FOR PROFIT CORPORATION

ANNUAL REPORT DOCUMENT # P99000062313 1. Entity Name HAIR ENERGY, INC. Principal Place of Business Mailing Address 32950 U.S. 19 N 32950 U.S. 19 N PALM HARBOR, FL 34684 PALM HARBOR, FL 34684 No Chg-P 01162008 DO NOT WRITE IN THIS SPACE 4. FEI Number 59-3577719 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent AWAD, PATRICIA DO NOT WRITE 32950 US 19 N PALM HARBOR, FL 34684 IN THIS SPACE

FILED Jan 25, 2008 08:00 AN Secretary of State

CR2E034 (11/05)

Applied For

\$8.75 Additional

Not Applicable

Cermicate of Status Desired	Fee Required

	named entity submits this statement for the pions of registered agent.	urpose of changing its regi	istered office or re	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept	
SIGNATURE.	Software, by soft or connect many or respective a separation when	applicable (NOTE Reg	jist You Agent signature	require() when remutating)	DAIC	
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	Election Campaign Frust Fund Contribut		\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIRECTORS				,	
THEF NAME STREET ADDRESS CITY-ST-ZIP	P AWAD, PATRICIA 32950 US 19 N PALM HARBOR, FL 34684				U00000797851	
TITLE NAME STREET ADDRESS					01/30/08-80005-007 150.00	

DO NOT WRITE IN THIS SPACE

CITY-ST-ZIP 12. Thereby certify that the information supplied with this filling 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 it made under oath; that I am an officer or director of the corporation or the receiver or fusiee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if of the corporation of the receiver or changed, or on an attachment with

SIGNATURE:

STREET ADDRESS

CHY-SI-ZIP TITLE NAME STREET ADDRESS

CITY-ST-ZIP

MILE NAME STREET ADDRESS CITY-ST-7IP TITLE NAME STREET ADDRESS CITY-S1-ZIP

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