

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 24, 2005 8:00 am**  
**Secretary of State**

02-24-2005 90033 050 \*\*\*150.00

<b>DOCUMENT # P02000037932</b>					
<b>1. Entity Name</b> <b>THE LITTLE SALON, INC.</b>					
<b>Principal Place of Business</b> <b>4134 GULF OF MEXICO DRIVE</b> <b>LONGBOAT KEY, FL 34228</b>			<b>Mailing Address</b> <b>4134 GULF OF MEXICO DRIVE</b> <b>LONGBOAT KEY, FL 34228</b>		
<b>2. Principal Place of Business</b> <b>5370 GULF OF MEXICO DR.</b>		<b>3. Mailing Address</b> <b>SAME AS #2</b>			
Suite, Apt. #, etc. <b># 103</b>		Suite, Apt. #, etc.			
City & State <b>LONGBOAT KEY, FL</b>		City & State		<b>4. FEI Number</b> <b>02-0583757</b>	
Zip <b>34228</b>		Country <b>USA</b>		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> <b>CASWELL, CHRIS</b> <b>2364 FRUITVILLE ROAD</b> <b>SARASOTA, FL 34237</b>			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
<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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$350.00</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>WUNDERLI, URS</b> <b>4134 GULF OF MEXICO DRIVE</b> <b>LONGBOAT KEY, FL 34228</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>WUNDERLI, URS</b> <b>69 TIDY ISLAND BLVD.</b> <b>BRADENTON, FL 34210</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>WUNDERLI, RENEE</b> <b>4134 GULF OF MEXICO DRIVE</b> <b>LONGBOAT KEY, FL 34228</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>WUNDERLI, RENEE</b> <b>69 TIDY ISLAND BLVD.</b> <b>BRADENTON, FL 34210</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(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.</b>					
<b>SIGNATURE:</b> <i>[Signature]</i>			<b>2/19/05 941-387-7773</b>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		