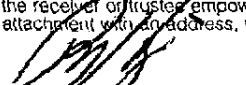


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 13, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000087479 1. Entity Name HEADS UP SALON INC.																																									
Principal Place of Business 17274 SAN CARLOS BLVD., STE. 207 FT. MYERS BEACH FL 33931		Mailing Address 12191 KELLY SANDS WAY, #1504 FT. MYERS FL 33908																																							
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.																																							
City & State Zip		City & State Zip		4. FFI Number 54-2153403 Applied For ☐ Not Applicable																																					
Country		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required																																					
6. Name and Address of Current Registered Agent DALLAS, EDWARD A 17274 SAN CARLOS BLVD. #202 FT. MYERS BEACH FL 33931			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 re-appointing) DATE _____																																									
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees																																						
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:40%;"> TITLE NAME STREET ADDRESS CITY- ST- ZIP </td> <td style="width:40%;"> D KALISZ, ROGER J 12191 KELLY SANDS WAY, #1504 FT. MYERS FL 33908 </td> <td style="width:20%; text-align: center;"> ☐ Delete </td> </tr> <tr> <td> TITLE NAME STREET ADDRESS CITY- ST- ZIP </td> <td></td> <td style="text-align: center;"> ☐ Delete </td> </tr> <tr> <td> TITLE NAME STREET ADDRESS CITY- ST- ZIP </td> <td></td> <td style="text-align: center;"> ☐ Delete </td> </tr> <tr> <td> TITLE NAME STREET ADDRESS CITY- ST- ZIP </td> <td></td> <td style="text-align: center;"> ☐ Delete </td> </tr> <tr> <td> TITLE NAME STREET ADDRESS CITY- ST- ZIP </td> <td></td> <td style="text-align: center;"> ☐ Delete </td> </tr> <tr> <td> TITLE NAME STREET ADDRESS CITY- ST- ZIP </td> <td></td> <td style="text-align: center;"> ☐ Delete </td> </tr> </table>			TITLE NAME STREET ADDRESS CITY- ST- ZIP	D KALISZ, ROGER J 12191 KELLY SANDS WAY, #1504 FT. MYERS FL 33908	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Delete	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:40%;"> TITLE NAME STREET ADDRESS CITY- ST- ZIP </td> <td style="width:40%;"> U000000430836 02/23/06-80005-006 150.00 </td> <td style="width:20%; text-align: center;"> ☐ Change ☐ Add </td> </tr> <tr> <td> TITLE NAME STREET ADDRESS CITY- ST- ZIP </td> <td></td> <td style="text-align: center;"> ☐ Change ☐ Add </td> </tr> <tr> <td> TITLE NAME STREET ADDRESS CITY- ST- ZIP </td> <td></td> <td style="text-align: center;"> ☐ Change ☐ Add </td> </tr> <tr> <td> TITLE NAME STREET ADDRESS CITY- ST- ZIP </td> <td></td> <td style="text-align: center;"> ☐ Change ☐ Add </td> </tr> <tr> <td> TITLE NAME STREET ADDRESS CITY- ST- ZIP </td> <td></td> <td style="text-align: center;"> ☐ Change ☐ Add </td> </tr> <tr> <td> TITLE NAME STREET ADDRESS CITY- ST- ZIP </td> <td></td> <td style="text-align: center;"> ☐ Change ☐ Add </td> </tr> </table>			TITLE NAME STREET ADDRESS CITY- ST- ZIP	U000000430836 02/23/06-80005-006 150.00	☐ Change ☐ Add	TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Change ☐ Add	TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Change ☐ Add	TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Change ☐ Add	TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Change ☐ Add	TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Change ☐ Add
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:  Roger J. Kalisz 2/3/06 239-466-7666																																									