2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2006
Secretary of State

DOCUMENT# P05000017034

Entity Name: AVALON HAIR & NAIL SALON INC

Current Principal Place of Business:

633 SW HILLSBORO CIRCLE
PORT ST LUCIE, FL 34953

New Principal Place of Business:

1630 SW BAYSHORE BLVD
PORT ST LUCIE, FL 34984

Current Mailing Address:

633 SW HILLSBORO CIRCLE
PORT ST LUCIE, FL 34953

New Mailing Address:

FEI Number: 20-2217290 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

COTTO, CLAUDIA P
633 SW HILLSBORO CIRCLE
PORT ST LUCIE, FL 34953 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD ( ) Change (X) Addition
Name: COTTO, CLAUDIA
Address: 633 SW HILLSBORO CIRCLE
City-St-Zip: PORT SAINT LUCIE, FL 34953 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CLAUDIA COTTO P 04/30/2006

Electronic Signature of Signing Officer or Director — Date