

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000005597

Entity Name: SALON SYNERGY, INC.

FILED
Feb 15, 2005
Secretary of State

Current Principal Place of Business:

5600 PGA BOULEVARD
A202
PALM BEACH GARDENS, FL 33418 US

New Principal Place of Business:

Current Mailing Address:

5600 PGA BOULEVARD
A202
PALM BEACH GARDENS, FL 33418 US

New Mailing Address:

FEI Number: 65-0632688 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MEANY, ELYSE
1069 SIENA OAKS CIRCLE EAST
PALM BEACH GARDENS, FL 33410 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: D () Delete
Name: MEANY, ELYSE
Address: 1069 SIENA OAKS CIRCLE EAST
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: D (X) Delete
Name: GODFREY, JANET
Address: 15765 WEATHERLY ROAD
City-St-Zip: WELLINGTON, FL 33414

Title: D () Delete
Name: BORINO, ANTHONY
Address: 4752 SHERIDAN ST
City-St-Zip: HOLLYWOOD, FL 33021

Title: D () Delete
Name: TURNER, JEAN
Address: 2761 MISTY OAKS CIRCLE
City-St-Zip: ROYAL PALM BEACH, FL 33411

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: ELYSE MEANY

D

02/15/2005

Electronic Signature of Signing Officer or Director

Date