

2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P06000072657

FILED
May 13, 2009
Secretary of State**Entity Name:** SERENITY SALON & DAY SPA, INC.**Current Principal Place of Business:**3331 GULF BREEZE PARKWAY
GULF BREEZE, FL 32563**New Principal Place of Business:****Current Mailing Address:**515 JAMES RIVER RD.
GULF BREEZE, FL 32561**New Mailing Address:****FEI Number:** 57-1237375**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**REDISH, MALEA L
515 JAMES RIVER RD.
GULF BREEZE, FL 32561 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**OFFICERS AND DIRECTORS:****Title:** P () Delete
Name: REDISH, MALEA L
Address: 515 JAMES RIVER RD.
City-St-Zip: GULF BREEZE, FL 32561**Title:** VP () Delete
Name: REDISH, CARL S
Address: 515 JAMES RIVER RD.
City-St-Zip: GULF BREEZE, FL 32561**Title:** SEC. (X) Delete
Name: BREWER, JULIA D
Address: 515 JAMES RIVER RD.
City-St-Zip: GULF BREEZE, FL 32561**Title:** TREA (X) Delete
Name: BREWER, JULIA D
Address: 515 JAMES RIVER RD.
City-St-Zip: GULF BREEZE, FL 32561**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** VPST (X) Change () Addition
Name: REDISH, CARL S
Address: 515 JAMES RIVER RD.
City-St-Zip: GULF BREEZE, FL 32561**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 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: MALEA L. REDISH

PRES

05/13/2009

Electronic Signature of Signing Officer or Director_____
Date