2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # M68467

1. Entity Name ULTIMATE IMAGE SALON, INC.



FILED Mar 13, 2006 08:00 AM **Secretary of State**

Principal Place of Business

OAKS PLAZA 632 GLADES RD.

BOCA RATON, FL 33431

Mailing Address

OAKS PLAZA 63Z GLADES RD. BOCA RATON, FL 33431



DO NOT WRITE IN THIS SPACE

01182008

No Chg-P

CR2E034 (11/05)

4. FEI Number 65-0027819

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

8. Name and Address of Current Registered Agent

JANNEY, JOSEPH H. 632 GLADES RD. BOCA RATON, FL 33431

DO NOT WRITE IN THIS SPACE

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6. The above the obligat	a named entity submits this statement for the pations of registered agent.	Jurpose of changing its registere	d office or	registered agent, or bo	oth, in the State of Florida. I am famil	iar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and tipe i	ii anniloshie. (NOTF: Behisterac	i Anent sinnetur	e required when reinstating)	DATE	
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00	S. Election Campaign Finantification. Trust Fund Contribution.		\$5.00 May Be Added to Fees	0000000465007 03/22/06-80018-016	3 150.00
10.	OFFICERS AND DIREC	CTORS		19 /	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			٦	IN.	THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				countrybulk in the name of		
TITLE	1		_			

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained 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 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.

NAME STREET ADDRESS CITY-ST-ZIP