


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2007 8:00 am
Secretary of State

02-26-2007 90057 035 ***150.00

DOCUMENT # M68467
 1. Entity Name
ULTIMATE IMAGE SALON, INC.



Principal Place of Business Mailing Address
OAKS PLAZA **OAKS PLAZA**
632 GLADES RD. **632 GLADES RD.**
BOCA RATON, FL 33431 **BOCA RATON, FL 33431**

40023840



2. Principal Place of Business - No P.O. Box # 3. Mailing Address
1580-NW BOCA RATON BLVD **1580 NW BOCA RATON BLVD**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
SUITE 2 **SUITE 2**

01102007 Chg-P CR2E034 (12/06)

City & State City & State
BOCA RATON, FL **BOCA RATON, FL**
 Zip Country Zip Country
33432 **USA** **33432** **USA**

4. FEI Number Applied For
65-0027819 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
JANNEY, JOSEPH H.
632 GLADES RD.
BOCA RATON, FL 33431

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
1580 NW BOCA RATON BLVD, SUITE 2
 City State Zip Code
BOCA RATON **FL** **33432**

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: *Joseph H. Janney* DATE: **2-15-07**
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PSTD	<input type="checkbox"/> Delete
NAME	JANNEY, JOSEPH H.	
STREET ADDRESS	632 GLADES RD.	
CITY-ST-ZIP	BOCA RATON, FL	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	JANNEY, JOSEPH H.	
STREET ADDRESS	632 GLADES RD.	
CITY-ST-ZIP	BOCA RATON, FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1580 NW BOCA RATON BLVD, SUITE 2	
CITY-ST-ZIP	BOCA RATON, FL 33432	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing 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.

SIGNATURE: *Joseph H. Janney* **JOSEPH H. JANNEY** DATE: **2-15-07**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #