2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2009
Secretary of State

DOCUMENT# P01000075784

Entity Name: ILLUSIONS FULL SERVICE SALON OF PUNTA GORDA, INC.

Current Principal Place of Business:

6210 SCOTT ST
SUITE 213
PUNTA GORDA, FL 33950

New Principal Place of Business:

Current Mailing Address:

6210 SCOTT ST
SUITE 213
PUNTA GORDA, FL 33950

New Mailing Address:

FEI Number: 65-1134870 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

TYSON, SONYA
6210 SCOTT ST
SUITE 213
PUNTA GORDA, FL 33950 US

Name and Address of New Registered Agent:

LASTER, SONYA
6210 SCOTT ST
SUITE 213
PUNTA GORDA, FL 33950 US

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: SONYA LASTER 05/01/2009
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: O ( ) Delete
Name: TYSON, SONYA
Address: 4047 SAN MASSIMO DR
City-St-Zip: PUNTA GORDA, FL 33950

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: O (X) Change ( ) Addition
Name: TYSON, SONYA
Address: 161 CARLISLE AVE
City-St-Zip: PORT CHARLOTTE, FL 33952

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: SONYA LASTER PRES 05/01/2009
Electronic Signature of Signing Officer or Director Date