


**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 16, 2003 8:00 am**  
**Secretary of State**

05-16-2003 90187 015 \*\*\*150.00

DOCUMENT # P02000001123

1. Entity Name  
New Impressions Salon Inc.



**DO NOT WRITE IN THIS SPACE**

90135883

2. Principal Place of Business  
1134 Creighton Rd.  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
Pensacola, FL

City & State  
Zip  
32504 Country  
USA

4. FEI Number  
# 90-0000791

Applied For  
 Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name  
Quyen M. Ton

Street Address (P.O. Box Number is Not Acceptable)  
6329 Confederate Dr

City  
Pensacola FL Zip Code  
32503

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 Quyen M. Ton / President DATE

January 1 - May 1: Fee is \$150.00  
After May 1: Fee is \$550.00  
Amended UBR is \$61.25  
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>President Quyen M. Ton 1134 Creighton Rd. Pensacola, FL 32504</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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CR2E034B (12/02)

12. I hereby certify that the information supplied with this filing does not qualify 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 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 on an attachment with an address, with all other like empowered.

SIGNATURE: Quyen M. Ton / Quyen M. Ton 5/8/03 (850)479-7147

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #