## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P02000013038

3426 GLACIER TERRACE

HOBE SOUND, FL 33455

Address:

City-St-Zip:

Entity Name: SALON TRELYN, INC.

FILED Apr 23, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** SALON TRE'LYN 11251 U.S. HWY 1 NORTH PALM BEACH, FL 33048 **New Mailing Address: Current Mailing Address:** 8098 BAUTISTA WAY PALM BEACH GARDENS, FL 33418 FEI Number: 80-0037568 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CANNOVA, TRACEY ANN 8098 BAUTISTA WAY PALM BEACH GARDENS, FL 33418 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: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete Title: () Change () Addition CANNOVA, TRACEY ANN Name: Name: 8098 BAUTISTA WAY Address: Address: City-St-Zip: PALM BEACH GARDENS, FL 33418 City-St-Zip: Title: VPD () Delete Title: () Change () Addition Name: PORRAS, LINDA ROSE 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: TRACEY A. CANNOVA PD 04/23/2009