2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2004
Secretary of State

DOCUMENT# P02000021953

Entity Name: IDENTITY SALON, INC.

Current Principal Place of Business:

10525 PARK BLVD
SUITE 103
SEMINOLE, FL 33772

New Principal Place of Business:

Current Mailing Address:

10525 PARK BLVD
SUITE 103
SEMINOLE, FL 33772

New Mailing Address:

FEI Number: 41-2029165 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SALTZER, MARY
7400 46TH AVE N
419
ST PETERSBURG, FL 33709 US

Name and Address of New Registered Agent:

CHOUINARD, JENNIFER
6471 5TH AVE NORTH
ST PETERSBURG, FL 33710 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: JENNIFER CHOUINARD 05/05/2004
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: PD ( ) Delete
Name: CHOUINARD, JENNIFER
Address: 10525 PARK BLVD
City-St-Zip: SEMINOLE, FL 33772

Title: STD ( ) Delete
Name: BALTZER, MARY
Address: 10525 PARK BLVD
City-St-Zip: SEMINOLE, FL 33772

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: JENNIFER CHOUINARD PD 05/05/2004
Electronic Signature of Signing Officer or Director Date