


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**May 23, 2008 8:00 am
Secretary of State**

04-10-2008 90012 049 ***150.00

DOCUMENT # P02000057349 1. Entity Name PASSION SALON & SPA, INC.	
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Principal Place of Business 9-D PALM HARBOR VILLAGE WAY PALM COAST, FL 32137	Mailing Address 9-D PALM HARBOR VILLAGE WAY PALM COAST, FL 32137
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DO NOT WRITE IN THIS SPACE



03192008 No Chg-P CR2E034 (11/05)

4. FEI Number 47-0876951	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BARBOSA, MARIA PINTO
9-D PALM HARBOR VILLAGE WAY
PALM COAST, FL 32137

**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY- ST- ZIP	PD BARBOSA, MARIA PINTO 9-D PALM HARBOR VILLAGE WAY PALM COAST, FL 32137
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**DO NOT WRITE
IN THIS SPACE**

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:  Date: 5.15.08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ATTACHMENT 6601833

Sandy & Nelson, P.A.

Certified Public Accountants

Members:

American Institute of
Certified Public Accountants

Florida Institute of
Certified Public Accountants

Suite C-2
50 Leanni Way
Palm Coast, Florida 32137
Phone (386) 445-4375
Fax (386) 445-8053

Florida Department of State
Division of Corporations
Attn: Karen Saly
PO Box 6327
Tallahassee, FL 32314

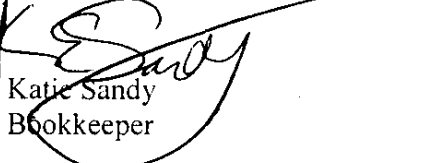
May 20, 2008

Re: Our Client: Passion Salon & Spa, Inc.
9-D Palm Harbor Village Way
Reference Number: P02000057349

As per our conversation this morning I am sending you the copy of our client, Passion Salon & Spa, Inc.'s 2008 Profit Corporation Annual Report with her signature on it. Our client was out of the country until May 10, 2008. As soon as she received this letter she brought it in to us and we had her sign it.

If you have any additional questions please contact me at the above phone number and/or address.

Sincerely,



Katie Sandy
Bookkeeper