

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000063949

FILED
Apr 26, 2007
Secretary of State

Entity Name: ANEW YOU SALON & DAY SPA INC.

Current Principal Place of Business:

13501 ICOT BLVD., STE 103
CLEARWATER, FL 33760

New Principal Place of Business:

Current Mailing Address:

13501 ICOT BLVD., STE 103
CLEARWATER, FL 33760

New Mailing Address:

FEI Number: 82-0545694

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HENDERSON, JANE
13501 ICOT BLVD., STE 103
CLEARWATER, FL 33760 US

Name and Address of New Registered Agent:

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:

Title: PD () Delete
Name: HENDERSON, JANE
Address: 2724 WOODRING DRIVE
City-St-Zip: CLEARWATER, FL 33759

Title: VPD () Delete
Name: BRAHM, CHRISTINA M
Address: 6401 99TH WAY NORTH, UNIT B
City-St-Zip: ST. PETERSBURG, FL 33708

Title: TD () Delete
Name: CHUMBLEY, JEANNE
Address: 3358 21ST PLACE SOUTH WEST
City-St-Zip: LARGO, FL 33774

Title: SD () Delete
Name: HOFFMAN, ROBERT
Address: 1085 82ND TERRACE NORTH, APT C
City-St-Zip: ST. PETERSBURG, FL 33708

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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 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: JEANNE CHUMBLEY

SD

04/26/2007

Electronic Signature of Signing Officer or Director

Date