2007 FOR PROFIT CORPORATION ... ANNUAL REPORT

Apr 16, 2007 08:00 A Secretary of State DOCUMENT # P02000078541 1. Entity Name SALON OF STARS, INC. Principal Place of Business Mailing Address 21073 POWERLINE ROAD C/O MITCHELL A. SILVER &CO. BOCA RATON, FL 33433 P.O. BOX 223592 HOLLYWOOD, FL 33020-3592 CR2E034 (11/05) 01292007 No Chg-P 4. FEI Number Applied For 13-4205420 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent **ELLIS, MARYANN** DO NOT WRITE 2648 WILSON ST HOLLYWOOD, FL 33020-1953 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) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE ELLIS, MARYANN NAME STREET ADDRESS 21073 POWELINE ROAD CITY-ST-ZIP BOCA RATON, FL 33433 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-7IP

FILED