


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90245 025 ***150.00

DOCUMENT # P02000081260 1. Entity Name COMPLIMENTS SALON & SPA, INC.																													
Principal Place of Business 16355 VANDERBILT DR., UNIT 108 BONITA SPRINGS, FL 34134			Mailing Address 16355 VANDERBILT DR., UNIT 108 BONITA SPRINGS, FL 34134																										
2. Principal Place of Business - No P.O. Box # 9108 Bonita Beach Rd		3. Mailing Address 9108 Bonita Beach Rd																											
Suite, Apt. #, etc. Bonita Springs FL		Suite, Apt. #, etc. Bonita Springs FL																											
City & State 34135 US FL		City & State 34135 US FL																											
Zip 34135		Country US FL		4. FEI Number 02-0636333																									
5. Certificate of Status Desired <input type="checkbox"/>		Applied For <input type="checkbox"/> Not Applicable																											
6. Name and Address of Current Registered Agent DEMAO, VICKI- 16355 VANDERBILT DR., UNIT 108 BONITA SPRINGS, FL 34134																													
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>																													
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>																													
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																											
<div style="display: flex;"> <div style="flex: 1;"> 10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">PSTD</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>DEMAO, VICKY J</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>16355 VANDERBILT DR., UNIT 108</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>BONITA SPRINGS, FL 34134</td> <td></td> </tr> </table> </div> <div style="flex: 1;"> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;"></td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> </div> </div>						TITLE	PSTD	<input type="checkbox"/> Delete	NAME	DEMAO, VICKY J		STREET ADDRESS	16355 VANDERBILT DR., UNIT 108		CITY-ST-ZIP	BONITA SPRINGS, FL 34134		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
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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: <u>Vicky J. Demao Pres. 2/29/08</u> 239-992-9661 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																													