2006 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P02000101295

1. Entity Name
EURO BEAUTY SALON, INC.

Principal Place of Business	Mailing Address
400 MANDALAY AVENUE CLEARWATER, FL 33767	5883 DARREN CT N CLEARWATER, FL 33760

DO NOT WRITE IN THIS SPACE

01192006   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
32-0032123	Not Applicable

5. Certificate of Status Desired   ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BOUNNAKHOM, ALLEN
5883 DARREN COURT
CLEARWATER, FL 33670

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 _Allen Bounnakhom_   _1-19-06_

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, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution.   ☐   **$5.00** May Be Added to Fees

10.   OFFICERS AND DIRECTORS

TITLE	P
NAME	BOUNNAKHOM, AHEN
STREET ADDRESS	5883 DARREN CT N
CITY-ST-ZIP	CLEARWATER, FL 33760

U00000399037
01/31/06--80024-006 150.00

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: _Allen Bounnakhom_   _1-19-06_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #