2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2005
Secretary of State

DOCUMENT# P02000108830

Entity Name: STUDIO B SALON INC.

Current Principal Place of Business:

16050 S TAMIAMI TRAIL
SUITE 110
FT MYERS, FL 33908

New Principal Place of Business:

Current Mailing Address:

16050 S TAMIAMI TRAIL
110
FT. MYERS, FL 33908

New Mailing Address:

FEI Number: 42-1557326 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PEISCH, BRIAN T
16050 S TAMIAMI TRAIL
SUITE 110
FT MYERS, FL 33908 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:	P	( ) Delete
Name:	BROWN, CARY A	
Address:	18435 DEEP PASSAGE LANE	
City-St-Zip:	FT.MYERS BEACH, FL 33931	
Title:	VP	( ) Delete
Name:	PEISCH, BRIAN T	
Address:	17171 TERRAVERDE CIR. #12	
City-St-Zip:	FT.MYERS, FL 33908	
Title:	T	( ) Delete
Name:	BROWN, CARY A	
Address:	18435 DEEP PASSAGE LANE	
City-St-Zip:	FT.MYERS BEACH, FL 33931	
Title:	S	( ) Delete
Name:	PEISCH, BRIAN T	
Address:	17171 TERRAVERDE CIR #12	
City-St-Zip:	FT. MYERS, FL 33908	

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 for the exemption stated in Section 119.07(3)(i), 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: CARY A. BROWN P 04/27/2005

Electronic Signature of Signing Officer or Director — Date