


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2006 08:00 AM
Secretary of State

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| DOCUMENT # P02000109351 |  |
| 1. Entity Name A HEAD ABOVE "THE REST" SALON HAVEN INC. | |

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| Principal Place of Business 8135 NAVARRE PARKWAY NAVARRE, FL 32566 | Mailing Address 8135 NAVARRE PARKWAY NAVARRE, FL 32566 |
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03092006 No Chg-P CR2E034 (11/05)

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| 4. FEJ Number 82-0570868 | Applied For <input type="checkbox"/> Not Applicable |
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| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent PADILLA, MIRIAM 6610 FILBERT STREET NAVARRE, FL 32566 |
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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 relating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P PADILLA, MIRIAM 6610 FILBERT ST. NAVARRE, FL 32566 |
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04/20/06-80049-014 150.00

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: Miriam Padilla **MIRIAM PADILLA, PRESIDENT** 4/3/06 8509398878
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #