

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000030185

Entity Name: M. EVANS SALONS, INC.

FILED
May 31, 2006
Secretary of State

Current Principal Place of Business:

801 S. UNIVERSITY DR #C137
PLANTATION, FL 33324

New Principal Place of Business:

Current Mailing Address:

250 JACARANDA DR. #103
PLANTATION, FL 33324

New Mailing Address:

160 JACARANDA DR #100
PLANTATION, FL 33324

FEI Number: 86-1054112

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HALSE, MATTHEW J
250 JACARANDA DR. #103
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

HALSE, MATTHEW J
160 JACARANDA DR #100
PLANTATION, FL 33324 US

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: MATTHEW J HALSE

05/31/2006

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: HALSE, MATTHEW J
Address: 250 JACARANDA DR. #103
City-St-Zip: PLANTATION, FL 33324

Title: D () Delete
Name: DEERING, MICHAEL
Address: 250 JACARANDA DR. #103
City-St-Zip: PLANTATION, FL 33324

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: HALSE, MATTHEW J
Address: 160 JACARANDA DR #100
City-St-Zip: PLANTATION, FL 33324

Title: D (X) Change () Addition
Name: DEERING, MICHAEL
Address: 160 JACARANDA DR #100
City-St-Zip: PLANTATION, FL 33324

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: MATTHEW J HALSE

D

05/31/2006

Electronic Signature of Signing Officer or Director

Date