


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 31, 2006 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # P03000076754 1. Entity Name VAS SALON CORPORATION |  |
|---|---|

| | |
|---|--|
| Principal Place of Business 7025 CR 46A 1031 LAKE MARY, FL 32746 | Mailing Address 172 TRIPLET LAKE DRIVE CASSELBERRY, FL 32707 |
|---|--|

DO NOT WRITE IN THIS SPACE



07272006 No Chg-P CR2E034 (11/05)

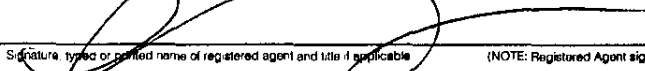
| | |
|---|--|
| 4. FEI Number 75-3126376 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

MURPHY, SHARON K PRES
172 TRIPLET LAKE DRIVE
CASSELBERRY, FL 32707

**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  DATE 7-1-06

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

| | |
|---|---|
| FILE NOW!!! FEE IS \$550.00 Due by September 6, 2006 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|---|---|

10. OFFICERS AND DIRECTORS

| | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D MURPHY, SHARON K 172 TRIPLET LAKE DRIVE CASSELBERRY, FL 32707 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D MURPHY, VINCENT 172 TRIPLET LAKE DRIVE CASSELBERRY, FL 32707 |
| 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 | |

U00000572925
08/01/06-80006-004 550.00

**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:  DATE 7-1-06 Daytime Phone # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR