2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2005
Secretary of State

DOCUMENT# P03000078422

Entity Name: SALON DELPHINE, INC.

Current Principal Place of Business:

205 MUIRFIELD CIRCLE
NAPLES, FL 34113

New Principal Place of Business:

7700 TRAIL BLVD. NORTH
SUITE 106
NAPLES, FL 34108

Current Mailing Address:

205 MUIRFIELD CIRCLE
NAPLES, FL 34113

New Mailing Address:

P.O. BOX 7427
NAPLES, FL 34101

FEI Number: 74-3100225 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ROTHMAN, J. STEPHEN
205 MUIRFIELD CIRCLE
NAPLES, FL 34113 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: ROTHMAN, MARI A
Address: 205 MUIRFIELD CIRCLE
City-St-Zip: NAPLES, FL 34113

Title: V ( ) Delete
Name: ROTHMAN, J. STEPHEN
Address: 205 MUIRFIELD CIRCLE
City-St-Zip: NAPLES, FL 34113

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: J. STEPHEN ROTHMAN VP 02/25/2005
Electronic Signature of Signing Officer or Director — Date