


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 02, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P03000106699</b>		
1. Entity Name <b>CHANGES SALON, INC.</b>		
Principal Place of Business <b>2801 SW 20 ST STE 103 OCALA, FL 34474</b>	Mailing Address <b>PO BOX 1869 INVERNESS, FL 34451</b>	
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  <b>BOCCACCIO, NICOLE M 3101 SW 34 AVE STE 701 OCALA, FL 34474</b>		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing)</small> DATE _____		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$350.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOCCACCIO, NICOLE M 2801 SW 20 ST STE 103 OCALA, FL 34474	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GAY, LAMAR II 3101 SW 34 AVE STE 701 OCALA, FL 34474	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <u>Nicole Bocce</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<u>4/29/05</u> <small>Date</small> <u>                    </u> <small>Daytime Phone #</small>



04092005 No Chg-P CR2E034 (10/03)

4. FEI Number <b>54-2128443</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

UG00000354849  
05/03/05-80124-007 150.00

**DO NOT WRITE  
IN THIS SPACE**