2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2005
Secretary of State

DOCUMENT# P04000012912

Entity Name: BELLAS BEAUTY SALON, CORP

Current Principal Place of Business:

12435 COLLIER BLVD.
103
NAPLES, FL 34116

New Principal Place of Business:

Current Mailing Address:

12435 COLLIER BLVD.
103
NAPLES, FL 34116

New Mailing Address:

3945 RECREATION LANE
NAPLES, FL 34116

FEI Number: 20-0697559 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CALVI, VICTOR H PRESIDE
7838 REGAL HERON CIR
106
NAPLES, FL 34104 US

Name and Address of New Registered Agent:

CALVI, VICTOR H PRESIDE
3945 RECREATION LANE
NAPLES, FL 34116 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: 04/12/2005
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: CALVI, VICTOR H
Address: 7839 REGAL HERON CIR #106
City-St-Zip: NAPLES, FL 34104

Title: VP ( ) Delete
Name: CALVI, VICTOR H
Address: 7839 REGAL HERON CIR #106
City-St-Zip: NAPLES, FL 34104

Title: SEC (X) Delete
Name: CALVI, ONEIDA M
Address: 7839 REGAL HERO CIR #106
City-St-Zip: NAPLES, FL 34104

Title: T (X) Delete
Name: CALVI, ONEIDA M
Address: 7839 REGAL HERON CIR #106
City-St-Zip: NAPLES, FL 34104

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: CALVI, VICTOR H
Address: 3945 RECREATION LANE
City-St-Zip: NAPLES, FL 34116

Title: VP (X) Change ( ) Addition
Name: CALVI, ONEIDA
Address: 3945 RECREATION LANE
City-St-Zip: NAPLES, FL 34116

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: CALVI VICTOR P 04/12/2005
Electronic Signature of Signing Officer or Director — Date