2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P04000039538

1. Entity Name
RIVENDELL SALON INC.

FILED
07 JUN 27 PM 1:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
515 CANAL ST. NEW SMYRNA BEACH, FL 32168	515 CANAL ST. NEW SMYRNA BEACH, FL 32168

05082007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 20-0800267 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

KOCHIS, RENEE L
3035 TURNBULL BAY ROAD.
NEW SMYRNA BEACH, FL 32168

7. Name and Address of New Registered Agent

Name Jodi Lancaster
Street Address (P.O. Box Number is Not Acceptable) 3110 Umbrella Tree Dr.
City Edgewater FL Zip Code 32141

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

Amended AR is $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P LANCASTER, JODI L 3110 UMBRELLA TREE DR. EDGEWATER, FL 32141	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP Jana Grant 1811 Rendy Road New Smyrna Beach FL 32168 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V HEER, MICHELLE L 1021 S. GLENCOE RD. NEW SMYRNA BEACH, FL 32168	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	600105655176 07/06/07--01064--013 **61.25 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST KOCHIS, RENEE L 2035 TURNBULL ROAD NEW SMYRNA BEACH, FL 32168	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	6/27	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: Jodi Lancaster JODI Lancaster PRESIDENT (386) 427 6900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #