2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005
Secretary of State

DOCUMENT# P04000070064

Entity Name: KISSIMMEE SALON CENTRAL INC.

Current Principal Place of Business:

401B CHURCH STREET
KISSIMMEE, FL 34741

New Principal Place of Business:

Current Mailing Address:

401B CHURCH STREET
KISSIMMEE, FL 34741

New Mailing Address:

FEI Number: 20-1068374 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HUFFMAN, KAREN
401B CHURCH STREET
KISSIMMEE, FL FL US

Name and Address of New Registered Agent:

FRIENDS MANAGEMENT INC.,
401B CHURCH STREET
KISSIMMEE, FL FL 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: ROBIN R. STINE 04/29/2005
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P, T ( ) Delete
Name: GUNTHER, JANICE
Address: 401B CHURCH STREET
City-St-Zip: KISSIMMEE, FL 34741 US

Title: VP ( ) Delete
Name: HUFFMAN, KAREN
Address: 401B CHURCH STREET
City-St-Zip: KISSIMMEE, FL 34741 US

Title: S ( ) Delete
Name: PERRY, REBECCA
Address: 401B CHURCH STREET
City-St-Zip: KISSIMMEE, FL 34741 US

Title: D (X) Delete
Name: ARVANT, WILLIAM J
Address: 1621A E VINE STREET
City-St-Zip: KISSIMMEE, FL 34744 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: ROBIN R. STINE RA 04/29/2005
Electronic Signature of Signing Officer or Director Date