


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2007 08:00 AM
Secretary of State

DOCUMENT # P05000045158

1. Entity Name
THAIRAPY SALON, INC.



Principal Place of Business
4424 GREENFIELD AVE
SARASOTA, FL 34233

Mailing Address
4424 GREENFIELD AVE
SARASOTA, FL 34233



01112007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-2758687

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

ANDERSON, SCOTT
1233 S TAMiami TRAIL
SARASOTA, FL 34239

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

FILE NOW!!! FEE IS \$180.00
After May 1, 2007 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LESMERISES, MARY M 4424 GREENFIELD AVE SARASOTA, FL 34233
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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: *Mary M Lesmerises* 4/27/07 941-365-2911
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #