

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000053541

FILED
Apr 19, 2006
Secretary of State

Entity Name: SALON SHALON HAIR DESIGNS, INC.

Current Principal Place of Business:

839 S.E. 8TH AVENUE
DEERFIELD BEACH, FL 33441 US

New Principal Place of Business:

600 SOUTH DIXIE HWY #105
BOCA RATON, FL 33432 US

Current Mailing Address:

839 S.E. 8TH AVENUE
DEERFIELD BEACH, FL 33441 US

New Mailing Address:

8342 BOCA GLADES BLVE E
BOCA RATON, FL 33434 US

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

HALLAS, LACIE L
839 S.E. 8TH AVENUE
DEERFIELD BEACH, FL 33441 US

Name and Address of New Registered Agent:

HALLAS, LACIE L
600 SOUTH DIXIE HWY
SUITE 105
BOCA RATON, FL 33432 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: LACIE HALLAS

04/19/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: HALLAS, LACIE L
Address: 8342 BOCA GLADES BOULEVARD, EAST
City-St-Zip: BOCA RATON, FL 33434 US

Title: S () Delete
Name: HALLAS, LACIE L
Address: 8342 BOCA GLADES BOULEVARD, EAST
City-St-Zip: BOCA RATON, FL 33434 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 Chapter 119, 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: LACIE HALLAS

OWNE

04/19/2006

Electronic Signature of Signing Officer or Director

Date