

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000085265

Entity Name: EDEN SALON & SPA, INC.

FILED  
Mar 22, 2009  
Secretary of State

## Current Principal Place of Business:

24836 STATE RD 54  
LUTZ, FL 33559

## New Principal Place of Business:

## Current Mailing Address:

1318 NORWICK DR  
LUTZ, FL 33559

## New Mailing Address:

24836 STATE RD 54  
LUTZ, FL 33559

FEI Number: 20-2996752

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

YAUGER, DIANE L  
26302 TWIN PINES CT  
ZEPHRYHILLS, FL 33559 US

## Name and Address of New Registered Agent:

TRACEY, ELEONORE E  
1318 NORWICK DRIVE  
LUTZ, FL 33559 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: ELEONORE E. TRACEY

03/22/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: YAUGER, DIANE  
Address: 26302 TWIN PINES CT  
City-St-Zip: WESLEY CHAPEL, FL 33544

Title: STD ( ) Delete  
Name: TRACEY, ELEONORE  
Address: 1318 NORWICK DR  
City-St-Zip: LUTZ, FL 33559

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: STD (X) Change ( ) Addition  
Name: YAUGER, DIANE  
Address: 26302 TWIN PINES CT  
City-St-Zip: WESLEY CHAPEL, FL 33544

Title: PD (X) Change ( ) Addition  
Name: TRACEY, ELEONORE  
Address: 1318 NORWICK DR  
City-St-Zip: LUTZ, FL 33559

I hereby certify that the information supplied with this filing does not qualify 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: ELEONORE E. TRACEY

PD

03/22/2009

Electronic Signature of Signing Officer or Director

Date