

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000100869

FILED  
May 02, 2010  
Secretary of State

Entity Name: ECLIPS SALON INC.

**Current Principal Place of Business:**

819 VIRGINIA DR  
ORLANDO, FL 32803 US

**New Principal Place of Business:**

**Current Mailing Address:**

819 VIRGINIA DR  
ORLANDO, FL 32803 US

**New Mailing Address:**

FEI Number: 20-3163816

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BAKER, COLLEEN O VP  
8320 MARGARITA DR  
ORLANDO, FL 32817 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P  
Name: BAKER, ERIC L  
Address: 819 VIRGINIA DR  
City-St-Zip: ORLANDO, FL 32803 US

Title: VP  
Name: BAKER, COLLEEN O  
Address: 819 VIRGINIA DR  
City-St-Zip: ORLANDO, FL 32803 US

I hereby 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 all other like empowered.

SIGNATURE: COLLEEN O. BAKER

MGMR

05/02/2010

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date