2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2011
Secretary of State

DOCUMENT# P05000147038

Entity Name: OASIS SALON SPA, INC

Current Principal Place of Business:

2449 UNIVERSITY BLVD. N
JACKSONVILLE, FL 32211

New Principal Place of Business:

Current Mailing Address:

2449 UNIVERSITY BLVD. N
JACKSONVILLE, FL 32211

New Mailing Address:

FEI Number: 20-1480384 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WILLAMS, ROWLAND V
6411 ARLINGTON ROAD
STE 01
JACKSONVILLE, FL 32211 US

Name and Address of New Registered Agent:

MOGBEYITEREN, JOANNE
2429 UNIVERSITY BLVD N
JACKSONVILLE, FL 32211 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: JOANNE MOGBEYITEREN 05/01/2011
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: CEOS
Name: JONES, DORIS MRS.
Address: 2449 UNIVERSITY BLVD. N
City-St-Zip: JACKSONVILLE, FL 32211 US

Title: PTD
Name: MOGBEYITEREN, JOANNE MRS.
Address: 2449 UNIVERSITY BLVD. N
City-St-Zip: JACKSONVILLE, FL 32211 US

Title: VPD
Name: JONES, DARYL E MR.
Address: 2449 UNIVERSITY BLVD. N
City-St-Zip: JACKSONVILLE, FL 32211 US

Title: COOD
Name: MOGBEYITEREN, BLESSING I MR.
Address: 2449 UNIVERSITY BLVD. N
City-St-Zip: JACKSONVILLE, FL 32211 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: JOANNE MOGBEYITEREN PTD 05/01/2011
Electronic Signature of Signing Officer or Director Date