
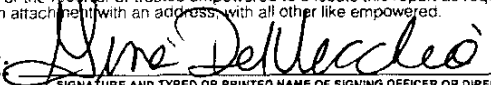


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 21, 2008 8:00 am**  
**Secretary of State**

04-21-2008 90089 036 \*\*\*150.00

<b>DOCUMENT # P06000000259</b> 1. Entity Name <b>OMNI SALON &amp; SPA, INC.</b>			
Principal Place of Business <b>7990 BAYMEADOWS ROAD EAST #923 JACKSONVILLE, FL 32256</b>		Mailing Address <b>7990 BAYMEADOWS ROAD EAST #923 JACKSONVILLE, FL 32256</b>	
2. Principal Place of Business - No P.O. Box # <b>3832 Baymeadows Rd.</b>		3. Mailing Address <b>11412 Ellisons Cave Lane</b>	
Suite, Apt. #, etc. <b>8</b>		Suite, Apt. #, etc. 	
City & State <b>Jacksonville, FL</b>		City & State <b>Jacksonville, FL</b>	
Zip <b>32217</b>		Zip <b>32258</b>	
Country <b>USA</b>		Country <b>USA</b>	
4. FEI Number <b>20-4068868</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>WHEATLEY, GINA 7990 BAYMEADOWS ROAD EAST #923 JACKSONVILLE, FL 32256</b>		7. Name and Address of New Registered Agent Name <b>DelVecchio, Gina</b> Street Address (P.O. Box Number is Not Acceptable) <b>11412 Ellisons Cave Lane</b> City <b>Jacksonville</b> <b>FL</b> Zip Code <b>32258</b>	
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  DATE <b>4-15-08</b> <small>Signature, typed or printed name of registered agent and state if applicable. (NOTE: Registered Agent signature required when resigning)</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PST NAME WHEATLEY, GINA STREET ADDRESS 7990 BAYMEADOWS ROAD EAST #923 CITY-ST-ZIP JACKSONVILLE, FL 32256	<input checked="" type="checkbox"/> Delete	TITLE PST NAME DelVecchio, Gina STREET ADDRESS 11412 Ellisons Cave Lane CITY-ST-ZIP Jacksonville, FL 32258	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 recorder 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 		Date <b>4-15-08</b> Daytime Phone # <b>904-731-8854</b>	