2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 03, 2007 8:00 am Secretary of State

DOCUMENT # P06000008136 1. Enlity Name					04-17-200	/ 90246 049 ***	150.00	
SALONT	RENDS,INC.							
Principal Plac 400 WEST F/ ORLANDO, F	AIRBANKS AVE	Mailing Address 400 WEST FAIRBANKS ORLANDO, FL 32789		4	4			
2. Principal P	Tace of Business - No P.O. Box #	3. Mailing Address						
Principal Place of Business - No P.O. Box # Suite. Apt. #, etc.		Suite, Apt. W. etc.			- 4 1064000 HI 47145 67145 67151 67111 9717 9717 9717 1719 (6461 1700 (1710 6777)			
City & Stat	·	City & State		03312007	Chg-P	CR2E034 (12/06)	oplied For	
Zip	Country	Zip	Country	20-41	2445	1 N	ot Applicable	
	6. Name and Address of Cu	<u></u>	Cooliny	5. Certificate of S		See Requir	Iditional ed	
HAVINA AS		Territorian Agent	Name	7. Name and Ad	uruss of New P	raBizraian wilaur		
	FAIRBANKS AVE		Street Add	lress (P.O. Box Number is	Not Acceptable	9)		
3 5								
	named entity submits this stateme		City			FL Zip Con		
the obligat	ons of registered agent.		TE: Registered Agent signature					
	Signature, typed or printed page of registered			loculed when (excitating)		DATE		
	E NOWIII FEE IS \$150.00 ay 1, 2007 Fee will be \$5			\$5.00 May Be Added to Fees				
10.	, 	AND DIRECTORS	11.	ADDITIONS/CH	ANGES TO OFF	ICERS AND DIRECTOR		
NAME SIREET ADORESS CITY-ST-ZIP	P HAKIM, ARIZ 400 WEST FAIRBANKS AVI ORLANDO, FL 32789	☐ Delete	TITLE HAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Adexion	
TITLE NAME STREET ADDRESS CITY-ST-2P	P SHEPHERD, MICHELLE 400 WEST FAIRBANKS AVI ORLANDO, FL 32789	Sel Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addikion	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-S1-ZIP		☐ Deletes	TITLE HAME STREET ADDRESS CIFY-ST-ZIP			☐ Change	Addition:	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delicie	TITLE NAME STREET ADDRESS CITY-ST-ZIP	,		Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Defete	TITLE NAME STREET ACCRESS CITY-51-ZIP			☐ Change	Adoition	
indicated of the co	certify that the information supplied on this report or supplemental reprovation or the receiver or trustee , or on an attachment with an addi-	port is true and accurate and that empowered to execute this repor	my signature shall hav t as required by Chapt	e the same legal effect as	if made under d	oain, thai I am an office	r or director	
SIGNAT	URE:	O OR PRINTED NAME OF SIGNING OFFICE	R OR DIRECTOR	04-	.03 -0"	Davime Prone *		

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P06000008136 1. Entity Name SALON TRENDS,INC.					COPV						
Principal Place of Business 400 WEST FAIRBANKS AVE ORLANDO, FL 32789				Meiling Address 400 WEST FAIRBANKS AVE ORLANDO, FL 32789			ATTACHMENT 66012957				
2. Principal P	lace of Busin	ess - No P.O. Box #	3. Mailing Addres	5		_ ·					
Suite, Apt.	#, etc.		Suite, Apt. #, etc	Suite, Apt. #, etc			Chg-P	CR2E0	34 (12/06)		
City & State	8		City & State	City & State		4. FEI Number	11242	14:	} 	oplied For of Apolicabl	
Zip		Country	Zip	Cou	ntry	5. Certificate o	of Status Dosired		\$8.75 Add	ditional id	
	6, Name	and Address of Cun	ent Registered Agent		Name	7. Name and	Address of New	Registered A	gent		
HAKIM, AF 400 WEST ORLANDO	FAIRBAN					5 (P.O. Box Number	is Not Acceptat	ole)			
					City			FL	Zip Cod	le	
	named entitions of regist		nt for the purpose of chan	ging its registe	red office or regis	lered agent, or both	, in the State of I		amiliar with,	and accept	
SIGNATURE_											
	Signature, typed	or printed name of registered	agent and ide if applicable	(NOTE Register	red Agent alghabure requ	red when remsizings	,	DATE			
		FEE IS \$150.00 7 Fee will be \$5:	1	Campaign Finand Contribution		5.00 May Be dded to Fees					
TITLE	Р	OFFICERS /	AND DIRECTORS	11		ADDITIONS/C	CHANGES TO OF	FICERS AND	DIRECTOR Charge	S IN 11	
NAME STREET ADDRESS CITY-ST-ZIP	1	RIZ T FAIRBANKS AVE O, FL 32789		NA SII					creaty		
NAME STREET ADDRESS CITY-ST-DP	400 WES	RD, MICHELLE T FAIRBANKS AVE D, FL 32789	⊡ e Dele	NA. STI	ſ				Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			□ Delo	HA STI					Change	Addition	
TITLE Name Street address City+St-Zip			□ Dete	HAI STI	L	-			Change	Addition	
TITLE MAME STREET ADDRESS CITY-ST-ZIP			☐ Deve	NA ST				·	Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Dete	NA STI					Change	Adation	
indicated of the cor	l on this repo rporation or t	rt or supplemental rep he receiver or trustee :	with this filling does not o ort is true and accurate ar empowered to execute this ess, with all other like emp	nd that my sign s report as requ	ature shall have th	ne same legal effect	as if made unde	r oath; that I at	m an officer	or director	
Cina goo		1.					4-03-				