2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000122377

City-St-Zip:

VALRICO, FL 33594

Entity Name: AMBIANCE SALON & DAY SPA OF LITHIA, INC.

FILED May 08, 2007 Secretary of State

Current P	Principal Place	of Business:	New Principal Place o	New Principal Place of Business:	
933 SEDDON COVE WAY			•	16132 CHURCHVIEW DR	
TAMPA, F	L 33602		#210 LITHIA, FL 33547		
Current M	Mailing Addres	ss:	New Mailing Address:	New Mailing Address:	
933 SEDDON COVE WAY TAMPA, FL 33602			16132 CHURCHVIEW DR #210 LITHIA, FL 33547		
FEI Number	: 32-0182853	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
	O, NATALYA OON COVE WA EL 33602 US				
	e named entity e of Florida.	submits this statement for the	purpose of changing its registered	office or registered agent, or both,	
SIGNATU	RE:				
Electronic Signature of Registered Agent			gent	Date	
		3(2)(b), F.S., the corporation did ng Trust Fund Contribution ().	not receive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title:) Delete) Change () Addition	
Name: Address:	IATSENKO, NA 933 SEDDON (Name: Address:		
City-St-Zip:	TAMPA, FL 33		City-St-Zip:		
Title:) Delete	`) Change () Addition	
Name:	KONYAYEVA, I		Name:		
Address: City-St-Zip:	VALRICO, FL	S LANDING DR. 33594	Address: City-St-Zip:		
Title:) Delete	Title: () Change () Addition	
Name:	VERTUOZOVA		Name:		
Address:	3910 CEDAR C	AY CIRCLE	Address:		

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.

City-St-Zip:

SIGNATURE: NATALYA IATSENKO PD 05/08/2007