

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 26, 2007 8:00 am
Secretary of State

07-26-2007 90030 031 ***150.00

DOCUMENT # P06000148470 1. Entity Name SALON KE-LANI, INC.					
Principal Place of Business 10604 HIBISCUS DRIVE PORT RICHEY, FL 34668			Mailing Address 10604 HIBISCUS DRIVE PORT RICHEY, FL 34668		
2. Principal Place of Business - No P.O. Box # 5320 Little Road		3. Mailing Address 5320 Little Road			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State New Port Richey FL		City & State New Port Richey FL		4. FEI Number 75-3226452	
Zip 34655		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GIRARD, TROY 10604 HIBISCUS DRIVE PORT RICHEY, FL 34668		7. Name and Address of New Registered Agent Name SAME Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			
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 <u><i>Troy Girard</i></u> Troy Girard DST 7-20-07 <small>(NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP HAGAMAN, CHAD 10604 HIBISCUS DRIVE PORT RICHEY, FL 34668		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST GIRARD, TROY 10604 HIBISCUS DRIVE PORT RICHEY, FL 34668		<input type="checkbox"/> Delete		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Delete		
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 receiver 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: <u><i>Troy Girard</i></u> Troy Girard 7-20-07 727-372-0028 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					