2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2009
Secretary of State

DOCUMENT# P06000150939

Entity Name: SALON ATLANTIS INC.

Current Principal Place of Business:

8700 SOUTHSIDE BLVD
APT#323
JACKSONVILLE, FL 32256

New Principal Place of Business:

1149 OVERDALE RD
ST AUGUSTINE, FL 32080

Current Mailing Address:

8700 SOUTHSIDE BLVD
APT#323
JACKSONVILLE, FL 32256

New Mailing Address:

1149 OVERDALE RD
ST AUGUSTINE, FL 32080

FEI Number: 20-8014024 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GOLSTON, EMMA
8700 SOUTHSIDE BLVD
APT#323
JACKSONVILLE, FL 32256 US

Name and Address of New Registered Agent:

GOLSTON, EMMA
1149 OVERDALE RD
ST AUGUSTINE, FL 32080 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: EMMA GOLSTON 04/22/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PRES ( ) Delete
Name: GOLSTON, EMMA
Address: 8700 SOUTHSIDE BLVD APT#323
City-St-Zip: JACKSONVILLE, FL 32256

Title: VP ( ) Delete
Name: KOSIEWSKA, TOBY
Address: 8700 SOUTHSIDE BLVD APT#323
City-St-Zip: JACKSONVILLE, FL 32256

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition
Name: GOLSTON, EMMA
Address: 1149 OVERDALE RD
City-St-Zip: ST AUGUSTINE, FL 32080

Title: VP (X) Change ( ) Addition
Name: KOSIEWSKA, TOBY
Address: 1149 OVERDALE RD
City-St-Zip: ST AUGUSTINE, FL 32080

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.

SIGNATURE: EMMA GOLSTON PRES 04/22/2009
Electronic Signature of Signing Officer or Director Date