

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2008 8:00 am
Secretary of State

01-30-2008 90029 045 ***150.00

DOCUMENT # P07000027430					
1. Entity Name DOWNTOWN SALON, INC.					
Principal Place of Business 212 W SEMINOLE AVE MELBOURNE, FL 32901			Mailing Address 212 W SEMINOLE AVE MELBOURNE, FL 32901		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	01152008 Chg-P CR2E034 (12/06)	
4. FEI Number 20-8943529				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LETTIERE, RENEE 212 W SEMINOLE AVE MELBOURNE, FL 32901			7. Name and Address of New Registered Agent Name 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>Renee Lettiere</i></u> <u>Renee Lettiere President</u> <u>1/27/08</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE D NAME LETTIERE, RENEE STREET ADDRESS 315 MASTERS LANE CITY - ST - ZIP MELBOURNE, FL 32901	<input type="checkbox"/> Delete		TITLE PTD NAME STREET ADDRESS CITY - ST - ZIP 	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME PENNINGTON, VIDA STREET ADDRESS 1830 HIDDEN LAKE DRIVE CITY - ST - ZIP ROCKLEDGE, FL 32955	<input type="checkbox"/> Delete		TITLE VSD NAME STREET ADDRESS CITY - ST - ZIP 	<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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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>Renee Lettiere</i></u> <u>Renee Lettiere President</u> <u>1/27/08</u> <u>321-722-0232</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					