2010 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2010
Secretary of State

DOCUMENT# P07000038269

Entity Name: ILLUSIONS HAIR SALON & SPA, INC.

Current Principal Place of Business:

1032 SEMORAN BLVD.
CASSELBERRY, FL 32707

New Principal Place of Business:

Current Mailing Address:

1032 SEMORAN BLVD.
CASSELBERRY, FL 32707

New Mailing Address:

FEI Number: 02-0803679 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PAVLOVSKI, JULIE
1032 SEMORAN BLVD
CASSELBERRY, FL 32707 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P
Name: PAVLOVSKI, JULIE
Address: 1032 SEMORAN BLVD
City-St-Zip: CASSELBERRY, FL 32707

Title: VP
Name: PAVLOVSKI, JULIE
Address: 1032 SEMORAN BLVD
City-St-Zip: CASSELBERRY, FL 32707

Title: S
Name: PAVLOVSKI, JULIE
Address: 1032 SEMORAN BLVD
City-St-Zip: CASSELBERRY, FL 32707

Title: T
Name: PAVLOVSKI, JULIE
Address: 1032 SEMORAN BLVD
City-St-Zip: CASSELBERRY, FL 32707

I hereby 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 all other like empowered.

SIGNATURE: JULIE PAVLOVSKI MS 04/06/2010

Electronic Signature of Signing Officer or Director Date