2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008
Secretary of State

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Entity Name: CALLIDORA SALON AND SPA INC.

Current Principal Place of Business:

25741 ALDUS DRIVE
LAND O LAKES, FL 34639 US

New Principal Place of Business:

18942 DALE MABRY HWY N
LUTZ, FL 33548 US

Current Mailing Address:

25741 ALDUS DRIVE
LAND O LAKES, FL 34639 US

New Mailing Address:

18942 DALE MABRY HWY N
LUTZ, FL 33548 US

FEI Number: 26-0254081 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JORGENSEN, MELINDA
472 OAK LANDING BLVD.
MULBERRY, FL 33860 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: DIR ( ) Delete
Name: JORGENSEN, MELINDA
Address: 472 OAK LANDING BLVD.
City-St-Zip: MULBERRY, FL 33860 US

Title: DIR ( ) Delete
Name: KREUSCHER, MELISSA
Address: 25741 ALDUS DRIVE
City-St-Zip: LAND O LAKES, FL 34639 US

Title: P ( ) Delete
Name: JORGENSEN, MELINDA
Address: 472 OAK LANDING BLVD.
City-St-Zip: MULBERRY, FL 33860 US

Title: VP ( ) Delete
Name: KREUSCHER, MELISSA
Address: 25741 ALDUS DRIVE
City-St-Zip: LAND O LAKES, FL 34639 US

Title: SEC ( ) Delete
Name: JORGENSEN, MELINDA
Address: 472 OAK LANDING BLVD.
City-St-Zip: MULBERRY, FL 33860 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: DIR (X) Change ( ) Addition
Name: KREUSCHER, MELISSA
Address: 18942 DALE MABRY HWY N #101
City-St-Zip: LUTZ, FL 33548 US

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change ( ) Addition
Name: KREUSCHER, MELISSA
Address: 18942 DALE MABRY HWY N #101
City-St-Zip: LUTZ, FL 33548 US

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: MELINDA JORGENSEN DIR 04/30/2008
Electronic Signature of Signing Officer or Director Date