

**2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P08000109948

**FILED**  
**May 06, 2009**  
**Secretary of State****Entity Name:** DIRECT DELIVERY SALON SOLUTIONS INC.**Current Principal Place of Business:**255 IMPERIAL LANE  
LAUDERDALE BY THE SEA, FL 33308**New Principal Place of Business:****Current Mailing Address:**PO BOX 480057  
FORT LAUDERDALE, FL 33348**New Mailing Address:****FEI Number:** 26-3883795**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**RAMSAY, VIRGINIA E  
255 IMPERIAL LANE  
LAUDERDALE BY THE SEA, FL 33308 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**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: RAMSAY, VIRGINIA E  
Address: 255 IMPERIAL LANE  
City-St-Zip: LAUDERDALE BY THE SEA, FL 33308 US

Title: VP (X) Delete  
Name: DOW, ERIC C  
Address: 3612 SE 2ND COURT  
City-St-Zip: BOYNTON BEACH, FL 33435 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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: VIRGINIA RAMSAY

P

05/06/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director\_\_\_\_\_  
Date