

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000020607

Entity Name: SALON PROFESSIONALS, INC.

FILED
Jan 07, 2009
Secretary of State

Current Principal Place of Business:

400 E. COLONIAL DR.
SUITE 1202
ORLANDO, FL 32803 US

New Principal Place of Business:

Current Mailing Address:

PO. BOX 533466
ORLANDO, FL 32853 US

New Mailing Address:

FEI Number: 59-3172983

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ECKENRODE, AIMEE L
2545 SOUTH ATLANTIC AVE #2006
DAYTONA BEACH, FL 32118 US

Name and Address of New Registered Agent:

ECKENRODE, AIMEE L
400 E COLONIAL DR
SUITE 1202
ORLANDO, FL 32803 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: AIMEE ECKENRODE

01/07/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSD () Delete
Name: ECKENRODE, AIMEE
Address: PO BOX 533466
City-St-Zip: ORLANDO, FL 32853

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: AIMEE ECKENRODE

PRES

01/07/2009

Electronic Signature of Signing Officer or Director

Date