

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P94000006503

1. Entity Name  
SCRUPLES INTERNATIONAL HAIR SALON, INC.



Principal Place of Business

2828 S MCCALL RD SUITE 44  
ENGLEWOOD, FL 34224 US

Mailing Address

2828 S MCCALL RD SUITE 44  
ENGLEWOOD, FL 34224 US

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

KOONS, VICKIE A  
246 RATONDA BLVD. N  
ROTONDA WEST, FL 33947

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution.

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P  
NAME KOONS, VICKIE A  
STREET ADDRESS 246 ROTONDA BLVD. N.  
CITY-ST-ZIP ROTONDA WEST, FL 33947

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: *Vickie A. Boans*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**FILED  
Apr 18, 2007 8:00 am  
Secretary of State**

04-18-2007 90177 028 \*\*\*150.00

*AUUVI*



04092007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0459197	Applied For Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required

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IN THIS SPACE**

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