## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## **FILED** Jan 27, 2006 08:00 AN DOCUMENT # P95000003383 1. Entity Name **Secretary of State** SALON 151, INC. Principal Place of Business Mailing Address C/O 151 N.E. 16TH AVENUE C/O 151 N.E. 16TH AVENUE FORT LAUDERDALE, FL 33301 FORT LAUDERDALE, FL 33301 01082006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0549134 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent KURLAND, PHILIP ALAN DO NOT WRITE 2224 NE 18TH AVE WILTON MANORS, FL 33305 IN THIS SPACE 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) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 \$5.00 May Be 1/00000405961 Trust Fund Contribution. Added to Fees 02/07/06-89062-006 150.00 OFFICERS AND DIRECTORS 10. D TITLE KURLAND, PHILIP ALAN NAME STREET ADDRESS 2224 NE 18TH AVE CITY-ST-ZIP WILTON MANORS, FL 33305 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TIRE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS City-\$1-219 TITLE NAME STREET ADDRESS 12. I hereby certify that the information supplied with this filling 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.

TED NAME OF SIGNING OFFICER OR DIRECTOR