2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2009
Secretary of State

DOCUMENT# P95000006274

Entity Name: NU VISION SALON, INC.

Current Principal Place of Business:

104 FRANCES DR.
ALTAMONTE SPRINGS, FL 32714 US

New Principal Place of Business:

Current Mailing Address:

442 COTTONWOOD DR
ALTAMONTE SPRINGS, FL 32714 US

New Mailing Address:

104 FRANCES DRIVE
ALTAMONTE SPRINGS, FL 32714 US

FEI Number: 59-3294168 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MARTINEZ, ANA L
442 COTTONWOOD DR
ALTAMONTE SPRINGS, FL 32714 US

Name and Address of New Registered Agent:

MARTINEZ, ANA L
104 FRANCES DRIVE
ALTAMONTE SPRINGS, FL 32714 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: 04/20/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: MARTINEZ, ANA L
Address: 442 COTTONWOOD ST
City-St-Zip: ALTAMONTE SPRINGS, FL

Title: STD ( ) Delete
Name: MARTINEZ, ANA L
Address: 442 COTTONWOOD ST
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: MARTINEZ, ANA L
Address: 104 FRANCES DRIVE
City-St-Zip: ALTAMONTE SPRINGS, FL

Title: STD (X) Change ( ) Addition
Name: MARTINEZ, ANA L
Address: 104 FRANCES DRIVE
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

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: ANA L. MARTINEZ PD 04/20/2009
Electronic Signature of Signing Officer or Director Date