

**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P96000006825

**FILED  
May 01, 2006  
Secretary of State**

**Entity Name:** MAGIC TOUCH SALON, INC.

**Current Principal Place of Business:**

8445 S.W. HIGHWAY 200  
OCALA, FL 34476

**New Principal Place of Business:**

**Current Mailing Address:**

8445 S.W. HIGHWAY 200  
OCALA, FL 34476

**New Mailing Address:**

**FEI Number:** 65-0640786      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BLANCHARD, DOCK A ESQ.  
4 SOUTHEAST BROADWAY  
OCALA, FL 34471 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.  
Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: WISE, DAVID  
Address: 5735 S.W. 35TH LANE  
City-St-Zip: Ocala, FL 34474

Title: D ( ) Delete  
Name: WISE, MICHELE J  
Address: 5735 S.W. 35TH LANE  
City-St-Zip: Ocala, FL 34474

Title: S ( ) Delete  
Name: RUNION, LISA R  
Address: 10418 S.W. 78TH TERRACE  
City-St-Zip: Ocala, FL 34476

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

Title: D (X) Change ( ) Addition  
Name: WISE, DAVID  
Address: 4970 SW 109 LOOP  
City-St-Zip: Ocala, FL 34476

Title: D (X) Change ( ) Addition  
Name: WISE, MICHELE J  
Address: 4970 SW 109 LOOP  
City-St-Zip: Ocala, FL 34476

Title: S (X) Change ( ) Addition  
Name: RUNION, LISA R  
Address: 10418 S.W. 75TH TERRACE  
City-St-Zip: Ocala, FL 34476

I hereby certify that the information supplied with this filing does not qualify for the 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: LISA RUNION

S

05/01/2006

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

\_\_\_\_\_  
Date