

2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P96000006825

Entity Name: MAGIC TOUCH SALON, INC.

FILED
Aug 11, 2009
Secretary of State

Current Principal Place of Business:

8441 S.W. HIGHWAY 200
OCALA, FL 34481

New Principal Place of Business:

Current Mailing Address:

8441 S.W. HIGHWAY 200
OCALA, FL 34481

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:

RUNION, LISA
8441 SW HWY 200
OCALA, FL 34481 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: LISA RUNION

08/11/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: WISE, DAVID
Address: 4970 SW 109 LOOP
City-St-Zip: OCALA, FL 34476

Title: D () Delete
Name: WISE, MICHELE J
Address: 4970 SW 109 LOOP
City-St-Zip: OCALA, FL 34476

Title: S () Delete
Name: RUNION, LISA W
Address: 10418 S.W. 75TH TERRACE
City-St-Zip: OCALA, FL 34476

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change () Addition
Name: WISE, DAVID
Address: 8441 SW HWY 200
City-St-Zip: OCALA, FL 34481

Title: P (X) Change () Addition
Name: WISE, MICHELE J
Address: 8441 SW HWY 200
City-St-Zip: OCALA, FL 34481

Title: S (X) Change () Addition
Name: RUNION, LISA W
Address: 8441 SW HWY 200
City-St-Zip: OCALA, FL 34481

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: LISA W RUNION

S

08/11/2009

Electronic Signature of Signing Officer or Director

Date