2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

Feb 10, 2005 8:00 am Secretary of State **DOCUMENT # P96000034871** 02-10-2005 90041 031 ***150.00 1. Entity Name GARY LEWIS SALON INC. Principal Place of Business Mailing Address UNCLIUUF 4735 N OCEAN DR 4735 N OCEAN DR FT LAUDERDALE, FL 33308 FT LAUDERDALE, FL 33308 US 01312005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0666538 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent LEWIS, GARY DO NOT WRITE 3000 HOLIDAY DR. # 806 YOFYAW ZAJOZAJ EEE FT LAUDERDALE, FL 33316 RT. LAUDERDALE PL 32301 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, 2005 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE D 333 LAS OLAS WAY # 504 LEWIS, GARY NAME 3850 GALT OCEAN DR. SUITE 201 FT LAUDERDALE, FL 33308 FT. LAU CRANES, FT. 33501 STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TELLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). 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 receives 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 attact/ment with an address. With all other like empowered.

all other like empowered.

TED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

FILED