


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 12, 2006 8:00 am
Secretary of State

03-27-2006 90281 028 ***150.00

DOCUMENT # P97000018326 1. Entity Name RITZ SALONS INCORPORATED	
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Principal Place of Business 4550 E HWY 20 EAST NICEVILLE, FL 32578	Mailing Address 405 SPICEBUSH COURT NICEVILLE, FL 32578
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DO NOT WRITE IN THIS SPACE



03172006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3434812	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
**RITZ, THOMAS A
405 SPICEBUSH COURT
NICEVILLE, FL 32578**

**DO NOT WRITE
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) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$850.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D RITZ, KAREN J 405 SPICEBUSH COURT NICEVILLE, FL 32578
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D RITZ, THOMAS A 405 SPICEBUSH COURT NICEVILLE, FL 32578
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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing 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.

SIGNATURE: Thomas A Ritz 04/08/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #