2006 FOR PROFIT CORPORATION

Mar 30, 2006 08:00 AM **ANNUAL REPORT Secretary of State** DOCUMENT # P97000023832 1. Entity Name CARMEN LEE SALON, INC. Principal Place of Business Mailing Address 3120 BAY TO BAY BLVD 3120 BAY TO BAY BLVD TAMPA, FL 33629 US TAMPA, FL 33629 03102006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEt Number 59-3433475 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 8. Name and Address of Current Registered Agent AMERILAWYER CHARTERED DO NOT WRITE 343 ALMERIA AVENUE CORAL GABLES, FL 33134 IN THIS SPACE 6. 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 lamillar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of regretared egent and title if epplicable. (NOTE. Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS PSTO TITLE CARMEN, LEE NAME STREET ADDRESS 3120 BAY TO BAY BLVD CITY-ST-ZIP TAMPA, FL 33629 TITLE 10000048**5**752 NAME SARGEANT, STEVEN C 04-13-06-3000B-005 150.00 STREET ADDRESS 3120 BAY TO BAY BLVD TAMPA, FL 33629 CITY-SI-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-S1-21P TITLE IN THIS SPACE NAME STREET ACCRESS CITY-ST-ZIP

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

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	W A T 1	IDF.

TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED