

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000043807

Entity Name: TEXTURES SALON, INC.

FILED  
Apr 25, 2005  
Secretary of State

## Current Principal Place of Business:

280 S. STATE RD 434  
1045  
ALTAMONTE SPRINGS, FL 32714 US

## New Principal Place of Business:

## Current Mailing Address:

280 S. STATE RD 434  
1045  
ALTAMONTE SPRINGS, FL 32714 US

## New Mailing Address:

FEI Number: 59-3445136

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

NORDEN, KELLIE E  
280 S STATE RD 434  
SUITE 1045  
ALTAMONTE SPRINGS, FL 32714 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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: NORDEN, KELLIE E  
Address: 280 S STATE ROAD 434 SUITE 1045  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: KELLIE E. NORDEN

OWNE

04/25/2005

Electronic Signature of Signing Officer or Director

Date