

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 11, 2006 8:00 am
Secretary of State

05-11-2006 90242 022 ***150.00

DOCUMENT # P98000032243 1. Entity Name ROCK N' ROLL SALON, INC.			
Principal Place of Business 160 N FLORIDA AVE INVERNESS, FL 34453		Mailing Address 160 N FLORIDA AVE INVERNESS, FL 34453	
2. Principal Place of Business 530 Suncoast Blvd Suite, Apt. #, etc. Crystal River FL City & State		3. Mailing Address 530 Suncoast Blvd Suite, Apt. #, etc. Crystal River FL City & State	
4. FEI Number 59-3568836		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		04112006 Chg-P CR2E034 (11/05)	
6. Name and Address of Current Registered Agent NIAPOLITANO, LILLIAN 160 N FLORIDA AVE INVERNESS, FL 34453		7. Name and Address of New Registered Agent Name: Lillian Knipp Street Address (P.O. Box Number is Not Acceptable): 530 Suncoast Blvd City: Crystal River FL Zip Code: 34429	
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: <u>Lillian Knipp</u> DATE: <u>5/1/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP HARWELL, LILLIAN 160 N FLORIDA AVE INVERNESS, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <u>[Signature]</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: <u>4/28/06</u> (352) Daytime Phone #: <u>795-7625</u>	