

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000098393

FILED
Apr 25, 2005
Secretary of State

Entity Name: SALON TECHNOLOGIES INTERNATIONAL, INC

Current Principal Place of Business:

11420 ARBORSIDE BEND WAY
GLENMUIR
WINDERMERE, FL 34786

Current Mailing Address:

PO BOX 2320
WINDERMERE, FL 34786

New Principal Place of Business:

11420 ARBORSIDE BEND WAY
GLENMUIR
WINDERMERE, FL 34786 US

New Mailing Address:

PO BOX 2320
WINDERMERE, FL 34786 US

FEI Number: 59-3544021

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BYRD & GANTT CPAS PA
3355 W VINE ST
STE 102
KISSIMMEE, FL 34741 US

Name and Address of New Registered Agent:

BYRD AND GANTT CPA 'S
2716 REW CIRCLE
SUITE 101
OCOOEE, FL 34761 US

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: ANGELA GANTT

04/25/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: KHOURY, TED A
Address: 11420 ARBORSIDE BEND WAY
City-St-Zip: WINDERMERE, FL 34786

Title: VP () Delete
Name: KHOURY, HENRIETTE
Address: 11420 ARBORSIDE BEND WAY
City-St-Zip: WINDERMERE, FL 34786

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: KHOURY, TED A
Address: 11420 ARBORSIDE BEND WAY
City-St-Zip: WINDERMERE, FL 34786 US

Title: VP (X) Change () Addition
Name: KHOURY, HENRIETTE
Address: 11420 ARBORSIDE BEND WAY
City-St-Zip: WINDERMERE, FL 34786 US

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: TED KHOURY

P

04/25/2005

Electronic Signature of Signing Officer or Director

Date