

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000109800

Entity Name: SPOIL ME SALON, INC.

FILED
Jan 28, 2005
Secretary of State

Current Principal Place of Business:

1210 SOUTH INTERNATIONAL PARKWAY S#134
HEATHROW, FL 32746

New Principal Place of Business:

1450 W. SR 434
SUITE 100
LONGWOOD, FL 32750

Current Mailing Address:

827 CHATFIELD WAY
HEATHROW, FL 32746

New Mailing Address:

FEI Number: 59-3614478

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BOGLE & SCHULMAN PA
706 TURNBALL AVENUE SUITE 203
ALTAMONTE SPRINGS, FL 32701 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: PT () Delete
Name: SANDUSKY, JOSEPH
Address: 827 CHATFIELD WAY
City-St-Zip: HEATHROW, FL 32746

Title: S () Delete
Name: SANDUSKY, MARIE M
Address: 827 CHATFIELD WAY
City-St-Zip: HEATHROW, FL 32746

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: JOSEPH SANDUSKY

PT

01/28/2005

Electronic Signature of Signing Officer or Director

Date