I hereby 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 all other like empowered.

SIGNATURE: COLEEN D.EVANS

Electronic Signature of Signing Officer/Director Detail

Current Principal Place of Business: 3416 GRIFFIN ROAD

Entity Name: SALON ENCHANTED INC.

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

FT LAUDERDALE, FL 33312

DOCUMENT# P06000022001

Current Mailing Address:

1004 NE 115TH STREET BISCAYNE PARK, FL 33161

FEI Number: 06-1770490

Name and Address of Current Registered Agent:

Electronic Signature of Registered Agent

EVANS, COLEEN D 1004 NE 115TH STREET BISCAYNE PARK, FL 33161 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:

Officer/Director Detail : Title D Title D Name EVANS, COLEEN D Name Address 1004 NE 115TH STREET Address City-State-Zip: BISCAYNE PARK FL 33161

Date

Certificate of Status Desired: No

EVANS, DONALD G 1004 NE 115TH STREET City-State-Zip: **BISCAYNE PARK FL 33161**

PRESIDENT

03/09/2015

Date