

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000063345

FILED
Apr 24, 2006
Secretary of State

Entity Name: A PLACE FOR YOU NAILS AND SKINCARE, INC.

Current Principal Place of Business:

2828 CLARK RD
SUITE 1
SARASOTA, FL 34231

New Principal Place of Business:

2247 BEE RIDGE RD
SARASOTA, FL 34239

Current Mailing Address:

2828 CLARK RD
SUITE 1
SARASOTA, FL 34231

New Mailing Address:

2920 TUSKET AVE
NORTH PORT, FL 34286

FEI Number: 59-3731364

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NOTT, BARBARA
2920 TUSKET AVE.
NORTH PORT, FL 34286 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: P () Delete
Name: NOTT, BARBARA
Address: 2920 TUSKET AVE.
City-St-Zip: NORTH PORT, FL 34286

Title: V (X) Delete
Name: SMITH, JEAN
Address: 4980 NW HICKORY ST.
City-St-Zip: ARCADIA, FL 34266

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 Chapter 119, 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: BARBARA NOTT

P

04/24/2006

Electronic Signature of Signing Officer or Director

_____ Date