


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2006 8:00 am
Secretary of State

03-17-2006 90142 027 ***150.00

DOCUMENT # P05000009856

1. Entity Name
NAIL 1ST, INC.



Principal Place of Business
6397 W. NEWBERRY ROAD
SUITE A-17
GAINESVILLE, FL 32605

Mailing Address
6397 W. NEWBERRY ROAD
SUITE A-17
GAINESVILLE, FL 32605

00003453

2. Principal Place of Business
6397 W. NEWBERRY ROAD

3. Mailing Address
6397 W. NEWBERRY ROAD

Suite, Apt. #, etc.
A#17



02222006 Chg-P CR2E034 (11/05)

City & State
GAINESVILLE, FLORIDA

City & State
GAINESVILLE, FLORIDA

Zip
32605

Country
ALACHUA

4. FEI Number
20-2198300

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

LE, VAN T
6397 W. NEWBERRY RD #A17
GAINESVILLE, FL 32605

7. Name and Address of New Registered Agent

Name
PHUONG T LE

Street Address (P.O. Box Number is Not Acceptable)
6397 W. NEWBERRY ROAD

City
GAINESVILLE

FL Zip Code
32605

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$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	P LE, VAN T 6397 W NEWBERRY RD #A17 GAINESVILLE, FL 32605	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LE, PHUONG T 6397 W. NEWBERRY ROAD, STE A-17 GAINESVILLE, FL 32605	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP

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: *Van T Le* **VAN T LE** **03-14-06** **(352) 352-3339**
Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #