2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000061189

Entity Name: #1NAILS, INC.

FILED Apr 28, 2009 Secretary of State

| Current Principal Place of Business: | | | New Principal Plac | New Principal Place of Business: | |
|---|--|--------------------------------|---|--|--|
| 17510 PRE TAMPA, FI | ESERVE WALI L 33647 US | | | | |
| Current Mailing Address: | | | New Mailing Addre | New Mailing Address: | |
| 17510 PRE TAMPA, FI | ESERVE WALI L 33647 US | _ | | | |
| FEI Number: | 20-4793883 | FEI Number Applied For() | FEI Number Not Applicable () | Certificate of Status Desired () | |
| Name and | Address of C | urrent Registered Agent: | Name and Address | of New Registered Agent: | |
| LIM, XUAN 17510 PRE TAMPA, FI | ESERVE WALF | | | | |
| | named entity s e of Florida. | submits this statement for the | purpose of changing its register | red office or registered agent, or both, | |
| SIGNATUF | RE: | | | | |
| | Electron | ic Signature of Registered Ag | ent | Date | |
| Election Car | npaign Financing | g Trust Fund Contribution (). | | | |
| OFFICERS AND DIRECTORS: | | | ADDITIONS/CHANG | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: | |
| Title: Name: Address: City-St-Zip: | P,S () LIM, XUAN T 12505 SHADOV RIVERVIEW, FI | | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: Address: City-St-Zip: | D () LIM, XUAN T 12505 SHADOV RIVERVIEW, FI | | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: Address: City-St-Zip: | TRUONG, TUYE | G ROSE PLACE | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: | D () LIM, XUAN T | Delete | Title: Name: | () Change () Addition | |
| Name: Address: City-St-Zip: | 12505 SHADOV RIVERVIEW, FI | | Address: City-St-Zip: | | |

I hereby certify that the information supplied with this filing does not qualify 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: XUAN LIM P 04/28/2009