

2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # G72468 1. Entity Name NAIL-A-TI, INC.			
Principal Place of Business 4101 BURNS ROAD PALM BEACH GARDENS, FL 33410 US		Mailing Address 4101 BURNS ROAD PALM BEACH GARDENS, FL 33410 US	
2. Principal Place of Business C/O MARIA PULKKINEN Suite, Apt. #, etc. 150 PINEVIEW RD. #J6 City & State TEQUESTA, FL Zip 33469 Country		3. Mailing Address C/O MARIA PULKKINEN Suite, Apt. #, etc. 150 PINEVIEW RD. #J6 City & State TEQUESTA, FL Zip 33469 Country	
4. FEI Number 59-2413708		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		04252005 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent LARAMEE, PAULA 19860 JASMINE DR TEQUESTA, FL 33469		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 LARAMEE, PAULA 19860 JASMINE DR TEQUESTA, FL <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP C/O MARIA PULKKINEN 150 PINEVIEW RD. #J6 TEQUESTA, FL 33469 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
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12. I hereby certify that the information supplied with this filing does not qualify 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 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:  P. LARAMEE/OFFICER		04-25-05 561-818-6069	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	