

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M26698

Entity Name: TOTAL NAILS ACADEMY, INC.

FILED  
Apr 14, 2011  
Secretary of State

## Current Principal Place of Business:

2601 S. MILITARY TR.  
#30A  
WEST PALM BEACH, FL 33415

## New Principal Place of Business:

## Current Mailing Address:

2601 S. MILITARY TR.  
#30A  
WEST PALM BEACH, FL 33415

## New Mailing Address:

FEI Number: 59-2695507

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

LEVIN, GIL  
1215 CLYDESDALE DR.  
LOXAHATCHEE, FL 33470 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

## OFFICERS AND DIRECTORS:

Title: P  
Name: LEVIN, GIL  
Address: 1215 CLYDESDALE DR.  
City-St-Zip: LOXAHATCHEE, FL 33470

Title: VP  
Name: FINE,, MICHAEL  
Address: 6191 SHADOW TREE LANE  
City-St-Zip: LAKE WORTH,, FL 33463 US

Title: TREA  
Name: FINE,, JARED  
Address: 6191 SHADOW TREE LANE  
City-St-Zip: LAKE WORTH,, FL 33463 US

Title: SEC  
Name: FINE,, RICKI  
Address: 6191 SHADOW TREE LANE  
City-St-Zip: LAKE WORTH,, FL 33463 US

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: GIL LEVIN

PRES

04/14/2011

Electronic Signature of Signing Officer or Director

Date