2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

Mar 30, 2006 08:00 AM Secretary of State DOGUMENT # P00000034502 1. Entity Name NAILS FOR HER, INC. Principal Place of Business Mailing Address 5050-2 SUNBEAM ROAD 5050-2 SUNBEAM ROAD JACKSONVILLE, FL 32257 IACKSONVILLE, FL 32257 CR2E034 (11/05) 02242006 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3616813 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent NGUYEN, LAN T DO NOT WRITE 9634 BROKEN OAK BLVD JACKSONVILLE, FL 32257 IN THIS SPACE 5. 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 famillar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title it applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOWIII FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TRLE NGUYEN, LAN T NAME STREET ADDRESS 5050-2 SUNBEAM ROAD Heinsunss:771 JACKSONVILLE, FL 32257 CITY-ST-ZIP 94/13/46-8000e-017 150.00 DILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TOTO NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME. STREET ADDRESS

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 path; 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.

CITY-ST-DP TITLE NAME STREET ADDRESS CKY-ST-ZP

> Date Daynma Phoce #

FILED