2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 12, 2005 8:00 am Secretary of State

DOCUMENT # P0000034762 1. Entity Name DAINTY NAILS, INC.							04-12-2005 9	0151 01	4 ***150).00
Principal Place of Business Mailing Address					· · · · · · · · · · · · · · · · · · ·					
3863 LAKE EMMA RD. 3863 LAKE EMMA RD.										
LAKE MARY, FL 32746 LAKE MARY, FL 32746										
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			3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.			01142005	Chg-P	CR2E03	34 (10/03)	
City & State		City & State		4. FEI Number 59-36382	257		 	plied For t Applicable		
Zip		Country	Zip	Coun	try	5. Certificate of			8.75 Add see Require	
	6. Name ar	nd Address of Current Regi	stered Agent		None	7. Name and A	ddress of New Re	gistered A	gent	
NOUVEN	THAN .	ı		1	Name					1
NGUYEN, TUAN 744 UXBRIDGE LANE LAKE MARY, FL 32746					Street Address (P.O. Box Number	is Not Acceptable)			
	• -									
				City			FL	Zip Code	9	
8. The above the obligat	named entity s tions of register	ubmits this statement for the ed agent.	purpose of changing its	register	ed office or register	ed agent, or both,	in the State of Flor	ida. Iam fa	amiliar with,	and accept
SIGNATURE										
FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$										
FIL After Ma	E N OW!!! F ay 1, 2005 I	EE IS \$150.00 Fee will be \$550.00				00 May Be ed to Fees				
After Ma	ay 1, 2005 I	EE IS \$150.00 Fee will be \$550.00 OFFICERS AND DIRE	Trust Fund Cont			ed to Fees	-ANGES TO OFFI	CERS AND	DIRECTORS	5 IN 11
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12. I hereby certify that the information supplied with this filing does not quality for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or suppliemental 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 expears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

24/405 (407) 829 -259 Date Phone 8