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Tudor Villas

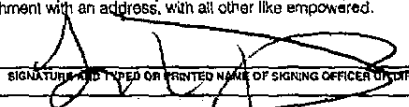
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FILED

Apr 30, 2005 08:00 AM
Secretary of State

**2005 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P01000028052 1. Entity Name PRO FILES NAIL GALLERY, INC.			
Principal Place of Business 1631 DEL PRADO BLVD 412 CAPE CORAL, FL 33990		Mailing Address 1631 DEL PRADO BLVD 412 CAPE CORAL, FL 33990	
DO NOT WRITE IN THIS SPACE		 04262005 No Chg-P CR2E034 (10/03)	
4. FEI Number 65-1087148		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		Fee Required	
6. Name and Address of Current Registered Agent DUNGAN, TRACI L 2305 SE 19TH AVE CAPE CORAL, FL 33990		DO NOT WRITE IN THIS SPACE	
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 _____ Signature: typed or printed name of registered agent and the if applicable. (NOTP: Registered Agent signature required when reissuing) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP DUNGAN, TRACI L 2305 SE 19TH AVE CAPE CORAL, FL 33990		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVP MCCLURE, AMI M 2122 SE 18TH PLACE CAPE CORAL, FL 33990		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.		U00000348043 05/02/05-80010-008 150.00	
SIGNATURE: 		4-27-05 (239) 573-6245 Date Daytime Phone #	