2008 FOR PROFIT CORPORATION

FILED Mar 21, 2008 08:00 A Secretary of State **ANNUAL REPORT DOCUMENT # P01000054948** 1. Entity Name ART NAILS, INC. Principal Place of Business Mailing Address 9831-6 BEACH BLVD 9831-6 BEACH BLVD JACKSONVILLE, FL 32246 JACKSONVILLE, FL 32246 No Chg-P CR2E034 (11/05) 01152008 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3733797 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE TRAN, THANH D 3825 REDS GAIT LANE JACKSONVILLE, FL 32257 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. ignature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be U00000866033 FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution Added to Fees 04/08/08-80012-022 150.00 After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE NAME TRAN, THANH D STREET ADDRESS 9831-6 BEACH BLVD JACKSONVILLE, FL 32246 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-7IP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

12. I hereby certify that the information supplied with this filling 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 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:

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR