2004 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # P02000010659

1. Entity Name WILD NAILS, INC.

Principal Place of Business

968 SW MARTIN DOWNS BLVD PALM CITY, FL 34990-2816 Mailing Address

968 SW MARTIN DOWNS BLVD PALM CITY, FL 34990-2816

FILED Apr 06, 2004 08:00 AM Secretary of State



03252004

No Chg-P

CR2E034 (10/03)

4. FEI Number 03-0390791 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

o. Certificate of Statu

Fee Required

6. Name and Address of Current Registered Agent

KRAEMER, DAWN M 968 SW MARTIN DOWNS BLVD PALM CITY, FL 34990-2816

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 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 title if applicable. (NQTE, Registered.				required when reinstating)	DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		Election Campaign Financing			U00000104863 04/06/04-80028-017 150.00	
10. OFFICERS AND DIRECTORS						
TITLE	P	,	l			
NAME	KRAEMER, DAWN M	,	l			
STREET ADDRESS	968 SW MARTIN DOWNS BLVD		l			
CRY-ST-ZIP	PALM CITY, FL 349902816		•			

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12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). 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 attaching it with an address, with all other like empowered.

SIGNATURE:

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

CITY-ST-ZIP

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNANG OFFICER OR DIRECTOR

Mallo8,04 772-723-1132