2006 FOR PROFIT CORPORATION ANNUAL REPORT

May 08, 2006 8:00 am Secretary of State **DOCUMENT # P02000041992** 05-08-2006 90285 016 ***150.00 1. Entity Name SUNLIGHT NAILS INC. Principal Place of Business Mailing Address 348 E MICHIGAN ST 348 E MICHIGAN ST ORLANDO, FL 32806 ORLANDO, FL 32806 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04262006 CR2E034 (11/05) City & State City & State 4. FEI Number Applied For 81-0553068 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LI, JUN X 11055 DAWNVIEW LANE Street Address (P.O. Box Number is Not Acceptable) ORLANDO, FL 32825 City Zip Code 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 title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution After May 1, 2006 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Change ☐ Addition LAN IRENE M LAM, IRENE M NAME NAME 14313 Bluebird Park Rd 11055 DAWNVIEW LANE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32825 CITY-ST-ZIP Windermere FL 34786 Delete TITLE TITLE ☐ Addition LI JUN X LI. JUN X NAME NAME 14313 Bluebird Park Rd 11055 DAWNVIEW LANE STREET ADDRESS STREET ADDRESS ORLANDO, FL 32825 CITY-ST-ZIP CITY-ST-ZIP Windermere FL 34786 TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

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.

OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

× 4/27/06

SIGNATURE: ∠

FILED