2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2005
Secretary of State

DOCUMENT# P02000071561

Entity Name: KRYSTAL'S NAIL KOTTAGE, INC.

Current Principal Place of Business:

3211 NE MAPLE AVENUE
JENSEN BEACH, FL 34957

New Principal Place of Business:

Current Mailing Address:

3211 NE MAPLE AVENUE
JENSEN BEACH, FL 34957

New Mailing Address:

FEI Number: 42-1542065 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

POTTER, ROBIN B SR
1674 SE GREEN ACRES CIRCLE JJ203
PORT ST. LUCIE, FL 34952 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: CEOP ( ) Delete
Name: HAUPT POTTER, CHRYSTAL J
Address: 1674 SE GREEN ACRES CIR. JJ203
City-St-Zip: PORT ST. LUCIE, FL 34952

Title: CFOT ( ) Delete
Name: POTTER, ROBIN B
Address: 1674 SE GREEN ACRES CIR. JJ203
City-St-Zip: PORT ST. LUCIE, FL 34952

Title: V ( ) Delete
Name: HAUPT, CHRIS J
Address: 1674 SE GREEN ACRES CIR. JJ203
City-St-Zip: PORT ST. LUICE, FL 34952

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: CFOT (X) Change ( ) Addition
Name: HAUPT, CHRYSTAL J
Address: 1674 SE GREEN ACRES CIR. JJ203
City-St-Zip: PORT ST. LUCIE, FL 34952

Title: V (X) Change ( ) Addition
Name: HAUPT, TARA L
Address: 1674 SE GREEN ACRES CIR. JJ203
City-St-Zip: PORT ST. LUICE, FL 34952

Title: SEC ( ) Change (X) Addition
Name: HAUPT, KATI M
Address: 1674 SE GREEN ACRES CIRCLE JJ-203
City-St-Zip: PORT ST. LUCIE, FL 34952

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHRYSTAL J HAUPT CEOP 04/30/2005

Electronic Signature of Signing Officer or Director — Date