
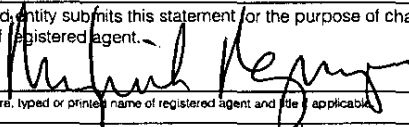
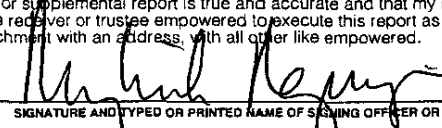


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90310 006 ***150.00

DOCUMENT # P03000008745 1. Entity Name ARTISTIC NAILS OF PANAMA CITY, INC.					
Principal Place of Business 2220 MARTIN LUTHER KING BLVD PANAMA CITY, FL 32405			Mailing Address 1501 THURSO CIRCLE LYNN HAVEN, FL 32444		
2. Principal Place of Business 2216 Martin Luther King Blvd		3. Mailing Address 1501 Thurso Road			
Suite, Apt. #, etc. Blvd		Suite, Apt. #, etc.			
City & State Panama City, FL 32405		City & State Lynn Haven, FL 32444			
Zip 		Country		4. FEI Number 85-0485575	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent NGUYEN, MYLINH T 1501 THURSO CIRCLE LYNN HAVEN, FL 32444			7. Name and Address of New Registered Agent Name MYLINH NGUYEN Street Address (P.O. Box Number is Not Acceptable) 1501 Thurso Road Lynn Haven, FL 32444 City Lynn Haven FL Zip Code 32444		
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  <small>Signature, typed or printed name of registered agent and title, if applicable</small>			DATE 4/29/04 <small>(NOTE: Registered Agent signature required when reinstating)</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P NGUYEN, PHU S 3003 E. 11TH COURT PANAMA CITY, FL 32401	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP NGUYEN, MYLINH T 1501 THURSO CIRCLE LYNN HAVEN, FL 32444	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BUI, HOALY T 529 SCHOOL AVENUE PANAMA CITY, FL 32401	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
12. I hereby certify that the information supplied with this filing 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 attachment with an address, with all other like empowered.					
SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date 4/29/04 Daytime Phone # 850-747-9885		