


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 21, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P03000008745**  
 1. Entity Name  
**ARTISTIC NAILS OF PANAMA CITY, INC.**



Principal Place of Business  
**2216 MARTIN LUTHER KING BLVD.  
 PANAMA CITY, FL 32405**

Mailing Address  
**1501 THURSO ROAD  
 LYNN HAVEN, FL 32444**



03092006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**85-0485575**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$3.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**NGUYEN, MYLINH T  
 1501 THURSO ROAD  
 LYNN HAVEN, FL 32444**

**DO NOT WRITE 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.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

000000524140  
 05/03/06-20101-013 150.00

10. OFFICERS AND DIRECTORS

|  |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VPS<br>NGUYEN, MYLINH T<br>1501 THURSO ROAD<br>LYNN HAVEN, FL 32444 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PT<br>NGUYEN, OANH KIM<br>529 SCHOOL AVE.<br>PANAMA CITY, FL 32401  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing 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:** My Linh Nguyen **4/19/06**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #