


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 09, 2007 8:00 am**  
**Secretary of State**


04-09-2007 90066 035 \*\*\*150.00

<b>DOCUMENT # P03000037609</b> 1. Entity Name <b>SALON NAILS, INC.</b>	
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Principal Place of Business <b>9501 ARLINGTON EXPRESS WAY 315 JACKSONVILLE, FL 32225</b>	Mailing Address <b>9501 ARLINGTON EXPRESS WAY 315 JACKSONVILLE, FL 32225</b>
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**DO NOT WRITE IN THIS SPACE**

400J0000



03202007 No Chg-P CR2E034 (11/05)

4. FEI Number <b>76-0732012</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>RYAN, TRUONG 9501 ARLINGTON EXPRESS WAY 315 JACKSONVILLE, FL 32225</b>	<b>DO NOT WRITE IN THIS SPACE</b>
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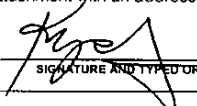
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

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

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
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10. OFFICERS AND DIRECTORS		<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P TRUONG, CHO 11711 BLACKSTONE RIVER DR JACKSONVILLE, FL 32256	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP YEN, TRUONG 11711 BLACKSTONE RIVER DR JACKSONVILLE, FL 32256	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DT TRUONG, LINH 11711 BLACKSTONE RIVER DR JACKSONVILLE, FL 32256	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		

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:**  **4/5/07** **904 993-2892**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #