2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

Mar 24, 2006 08:00 AM Secretary of State DOCUMENT # P03000122930 1. Emily Name DOVER NAILS INC Principal Place of Business Mailing Address 847 CYPRESS PARKWAY 847 CYPRESS PARKWAY POINCIANA, FL 34758 POINCIANA, FL 34758 CR2E034 (11/05) 03202008 No Cho-P DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 20-0350035 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent NGUYEN, HUU DUC THI DO NOT WRITE 847 CYPRESS PARKWAY POINCIANA, FL 34758 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 9. Election Campaign Financing \$5.00 May Be DUDHDD479310 FILE NOWIII FEE IS \$150.00 П Trust Fund Contribution. Added to Fees (14/08/06-800**37-00**8-159 After May 1, 2006 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE NGUYEN, HUU DUC THI NAME 847 CYPRESS PARKWAY STREET ADDRESS POINCIANA, FL 34758 CUTY-SI- AP RILL DINH, HUNG T NAME 847 CYPRESS PARKWAY STREET ADDRESS POINCIANA, FL 34758 CITY -ST - DP 107t£ NAME STREET ADDRESS DO NOT WRITE CUY-SI-ZIP me IN THIS SPACE NAME STREET ADDRESS CITY - SI - ZIP TIFLE NAME STREET ADDRESS CITY-ST-ZIP ITILE NAME

12. I hereby certify that the information supplied with this tiling does not quality 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 eath; 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:

STREET ADDRESS CITY-SI-ZIP

NG OFFICER OF

FILED