

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000029464

FILED
Mar 22, 2007
Secretary of State

Entity Name: KATHRYNS NAIL & SKIN SALON, INC.

Current Principal Place of Business:

4029 COUNTRY CLUB BLVD
CAPE CORAL, FL 33904

New Principal Place of Business:

603 DEL PRADO BLVD
CAPE CORAL, FL 33990

Current Mailing Address:

4029 COUNTRY CLUB BLVD
CAPE CORAL, FL 33904

New Mailing Address:

FEI Number: 36-0444015 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

MINER, KATHRYN
4029 COUNTRY CLUB BLVD
CAPE CORAL, FL 33904 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: D () Delete
Name: MINER, KATHRYN
Address: 4029 COUNTRY CLUB BLVD
City-St-Zip: CAPE CORAL, FL 33904

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: MINER, PAUL
Address: 603 DEL PRADO
City-St-Zip: CAPE CORAL, FL 33990

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: PAUL MINER

P

03/22/2007

_____ Electronic Signature of Signing Officer or Director

_____ Date