

**2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Feb 10, 2006 8:00 am**  
**Secretary of State**

02-10-2006 90025 050 \*\*\*150.00

DOCUMENT # P04000044536

1. Entity Name

CREATIVE NAILS, INC.



Principal Place of Business

3877 LA FLOR DR.  
 ROCKLEDGE FL 32955

Mailing Address

3877 LA FLOR DR.  
 ROCKLEDGE FL 32955



2. Principal Place of Business

7640 N. Wickham Rd #111

3. Mailing Address

Suite, Apt. #, etc.

Melbourne, Florida

City & State

32940 Brevard

Zip Country

Zip Country

1st MOORE CR2E034 (10/05)

4. FEI Number 75-3149105

Applied For  
 Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

EUTSLER, DENEAN A  
 3877 LA FLOR DR.  
 ROCKLEDGE FL 32955

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 Denean A. Eutsler, President Denean A. EUTSLER 1-29-06  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00.**  
**After May 1, 2006 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D <input type="checkbox"/> Delete
NAME	EUTSLER, DENEAN A
STREET ADDRESS	3877 LA FLOR DR.
CITY-ST-ZIP	ROCKLEDGE FL 32955
TITLE	<input type="checkbox"/> Delete
NAME	
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 Section 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: Denean A. Eutsler, President Denean A. EUTSLER 1-29-06 321-698 2017  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR