2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

Mar 17, 2008 08:00 A Secretary of State DOCUMENT # P04000090240 1. Entity Name EXECUTIVE NAIL & SPA, INC. Principal Place of Business Mailing Address 472 CROSSFIELD CIRCLE **472 CROSSFIELD CIRCLE** NAPLES, FL 34104 NAPLES, FL 34104 03032008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-1285243 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent FELDEN, CHRISTIAN V DO NOT WRITE 3838 TAMIAMI TRAIL N SUITE 416 ORION BANK IN THIS SPACE NAPLES, FL FL341-03 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, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE NGUYEN, MIKE H UU NAME U00000861858 04/03/08-80025-002_150.00 472 CROSSFIELD CIR STREET ADDRESS NAPLES, FL 34109 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE

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-rustee 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 a paddress, with all other like empowered.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

JUILLA HOUSE HOUSE

FILED