


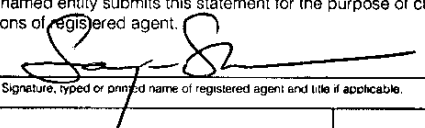

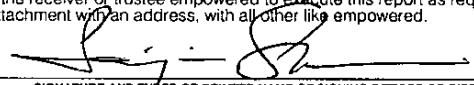
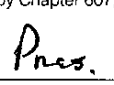
2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

Amended

05 SEP -03 2:16



08192005 Chg-P CR2E034 (10/03)

DOCUMENT # P04000094072			
1. Entity Name NAILA, INC.			
Principal Place of Business 301 53RD STREET APT D WEST PALM BEACH, FL 33407 US		Mailing Address 301 53RD STREET APT D WEST PALM BEACH, FL 33407 US	
2. Principal Place of Business 4 OCEAN PLACE Suite, Apt. #, etc.		3. Mailing Address 4 OCEAN PLACE Suite, Apt. #, etc.	
City & State HIGHLAND BEACH, FL Zip 33487 Country		City & State HIGHLAND BEACH, FL Zip 33487 Country	
4. FEI Number 20-1268811		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SHARMA, SANJIV 301 53RD ST APT D WEST PALM BEACH, FL 33407		7. Name and Address of New Registered Agent Name SHARMA, SANJIV Street Address (P.O. Box Number is Not Acceptable) 4 OCEAN PLACE City HIGHLAND BEACH FL Zip Code 33487	
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.		Pres.  (NOTE: Registered Agent signature required when reinstating.)	
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SHARMA, SANJIV 301 53RD STREET, APT D WEST PALM BCH, FL 33407 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SHARMA, SANJIV 4 OCEAN PLACE HIGHLAND BEACH, FL 33487 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Pres.  Date 9/2/05 Daytime Phone # 561-347-2376	