2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

Jan 19, 2006 8:00 am Secretary of State DOCUMENT # P04000097894 01-19-2006 90076 041 ***150.00 1. Entity Name **FANCY NAILS & TANNING INC.** Principal Place of Business Mailing Address 3611 1ST STREET EAST 3611 1ST STREET EAST #620 #620 BRADENTON, FL 34208 BRADENTON, FL 34208 No Chg-P CR2E034 (11/05) 01122006 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-1336123 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent TRIMH, ANN K 3611 1ST STREET EAST DO NOT WRITE #620 IN THIS SPACE ERADENTON FL 34208 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE TRINH, ANN K NAME STREET ADDRESS 3611 1ST STREET EAST #620 CITY-ST-ZIP BRADENTON, FL 34208 VΡ TITLE SMELSER, NGA T STREET ADDRESS 3611 1ST STREET EAST #620 BRADDENTON, FL 34208 CITY-ST-ZIP TITLE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filling 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 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:

CITY-ST-ZIP TITLE NAMÉ STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED