



2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000132137 1. Entity Name THE NAIL FACTORY AND HAIR FANTASY, INC.			FILED 06 SEP 20 2:39 SEC. TALLAHASSEE, FLORIDA
Principal Place of Business 4392 TAMiami TR. N NAPLES, FL 34105	Mailing Address 4392 TAMiami TR. N NAPLES, FL 34105		
DO NOT WRITE IN THIS SPACE		08312006 No Chg-P CR2E034 (11/05)	
6. Name and Address of Current Registered Agent HOOVER, LINDA 1606 WELLESLEY CIRCLE #7 NAPLES, FL 34116		DO NOT WRITE IN THIS SPACE	
		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>	
FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		400080389414 10/03/06--01033--008 **150.00 DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HOOVER, LINDA 8244 KEY ROYAL CIRCLE #632 NAPLES, FL 34119		
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 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: _____ <i>Linda Hoover</i> 9/15/06 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>	