

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000137187

Entity Name: LILY'S NAILS SALON, INC.

FILED
Feb 01, 2009
Secretary of State

Current Principal Place of Business:

711 BEACH BOULEVARD
SUITE B-A1A
SAINT AUGUSTINE, FL 32080

Current Mailing Address:

711 BEACH BOULEVARD
SUITE B-A1A
SAINT AUGUSTINE, FL 32080

New Principal Place of Business:

711 A1A BEACH BOULEVARD
SUITE-B
SAINT AUGUSTINE, FL 32080

New Mailing Address:

711 A1A BEACH BOULEVARD
SUITE-B
SAINT AUGUSTINE, FL 32080

FEI Number: 67-0013924

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TRAN, THINH TRUNG
295 SUNSET DRIVE #A
SAINT AUGUSTINE, FL 32080 US

Name and Address of New Registered Agent:

TRAN, THINH TRUNG
328 SOUTH CHURCHILL DRIVE
SAINT AUGUSTINE, FL 32086 US

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.

SIGNATURE:

02/01/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: TRAN, THINH TRUNG
Address: 295 SUNSET DRIVE, #A
City-St-Zip: SAINT AUGUSTINE, FL 32080

Title: ESD () Delete
Name: NGUYEN, LILIAN MAI
Address: 295 SUNSET DRIVE, #A
City-St-Zip: SAINT AUGUSTINE, FL 32080

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: TRAN, THINH TRUNG
Address: 328 SOUTH CHURCHILL DRIVE
City-St-Zip: SAINT AUGUSTINE, FL 32086

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THINHTRAN

PD

02/01/2009

Electronic Signature of Signing Officer or Director

Date