

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90092 026 ***150.00

DOCUMENT # P04000146461 1. Entity Name NAILS SO HAPPY, INC.			
Principal Place of Business 3820 ST AUGUSTINE RD #165 JACKSONVILLE, FL 32259 135 Jenkins St. 103		Mailing Address PO BOX 551387 JACKSONVILLE, FL 32255	
2. Principal Place of Business - No P.O. Box # 135 Jenkins St Suite, Apt. #, etc. Ste 103		3. Mailing Address 135 Jenkins St. Suite, Apt. #, etc. 103	
City & State St. Augustine		City & State St. Augustine	
Zip 32086		Zip 32086	
Country St Johns		Country St Johns	
4. FEI Number 20-1792725		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent NGUYEN, HOAN C 13820 ST AUGUSTINE RD 165 JACKSONVILLE, FL 32258		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 135 Jenkins St. Ste 103 City St. Augustine FL Zip Code 32086	
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: <u><i>[Signature]</i></u> <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 After May 1, 2007 Fee will be \$550.00		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 P NAME NGUYEN, HOAN STREET ADDRESS 13820 ST AUGUSTINE RD STE 65 CITY - ST - ZIP JACKSONVILLE, FL 32259	<input type="checkbox"/> Delete	TITLE P NAME Hoan Nguyen STREET ADDRESS 135 Jenkins St # 103 CITY - ST - ZIP St. Augustine, FL 32086	<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
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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
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 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: <u><i>[Signature]</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date 04/16/07 (904) 982-5898 <small>Daytime Phone #</small>	