2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 07, 2005
Secretary of State

DOCUMENT# P04000162582

Entity Name: PERFECT NAIL CARE INC.

Current Principal Place of Business:

P.O. BOX 1004
WINTER PARK, FL 32790

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1004
WINTER PARK, FL 32790

New Mailing Address:

FEI Number: 61-1692492 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FUMEA, THOMAS W
200 ST. ANDREWS BLVD., #2603
WINTER PARK, FL 32792 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: VO, THUY NGOC
Address: P.O. BOX 1004
City-St-Zip: WINTER PARK, FL 32790

Title: S ( ) Delete
Name: FUMEA, THOMAS W
Address: P.O. BOX 1004
City-St-Zip: WINTER PARK, FL 32790

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: THOMAS W FUMEA S 09/07/2005

Electronic Signature of Signing Officer or Director Date