2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 31, 2005
Secretary of State

DOCUMENT# P04000164162

Entity Name: BLOOMINGNAILS, INC.

Current Principal Place of Business:

409 WINGROVE BLVD
ORLANDO, FL 32819

New Principal Place of Business:

4807 WINGROVE BLVD
ORLANDO, FL 32819

Current Mailing Address:

409 WINGROVE BLVD
ORLANDO, FL 32819

New Mailing Address:

4807 WINGROVE BLVD
ORLANDO, FL 32819

FEI Number: 59-3476204 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JORDAN, EDWARD P II ESQ
1460 EAST HWY 50
CLERMONT, FL 34711 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: D ( ) Delete
Name: STALLONE, MARY
Address: 409 WINGROVE BLVD
City-St-Zip: ORLANDO, FL 32819

Title: D ( ) Delete
Name: GUADAGNO, ADELE
Address: 409 WINGROVE BLVD
City-St-Zip: ORLANDO, FL 32819

Title: D ( ) Delete
Name: GUADAGNO, RICHARD
Address: 409 WINGROVE BLVD
City-St-Zip: ORLANDO, FL 32819

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: MARY A. STALLONE P 05/31/2005

Electronic Signature of Signing Officer or Director Date