## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P04000164162

Entity Name: BLOOMINGNAILS, INC

FILED Jun 07, 2006 Secretary of State

	mer becomm	1011/ NEO, 1110.		
Current Principal Place of Business:			New Principal Place of Business:	
	IGROVE BLVD D, FL 32819			
Current Mailing Address:			New Mailing Address:	
	IGROVE BLVD ), FL 32819			
FEI Number	: 59-3476204	FEI Number Applied For()	FEI Number Not Applicable ( )	Certificate of Status Desired ( )
Name and	Address of C	urrent Registered Agent:	Name and Address	of New Registered Agent:
1460 EAS CLERMON	NT, FL 34711	US	ourpose of changing its registers	ed office or registered agent, or both,
	e of Florida.		· ····································	
SIGNATUI		· · · · · · · · · · · · · · · · · · ·		
	ce with s. 607.19	ic Signature of Registered Age 3(2)(b), F.S., the corporation did no J Trust Fund Contribution ().		Date
OFFICER	S AND DIREC	TORS:	ADDITIONS/CHANG	ES TO OFFICERS AND DIRECTOR
Title: Name: Address: City-St-Zip:	D () STALLONE, MA 409 WINGROVI ORLANDO, FL	E BLVD	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	D () GUADAGNO, AI 409 WINGROVI ORLANDO, FL	E BLVD	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	D () GUADAGNO, RI 409 WINGROVI ORLANDO, FL	E BLVD	Title: Name: Address: City-St-Zip:	() Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the 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: MARY STALLONE D 06/07/2006