2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000164162

FILED May 04, 2007 Secretary of State

Entity Name: BLOOMINGNAILS, INC. **Current Principal Place of Business: New Principal Place of Business:** 4807 WINGROVE BLVD ORLANDO, FL 32819 **Current Mailing Address: 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: Name and Address of New Registered Agent: JORDAN, EDWARD PILESQ 1460 EAST HWY 50 CLERMONT, FL 34711 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: 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: (X) Change () Addition STALLONE, MARY STALLONE, MARY Name: Name: 409 WINGROVE BLVD 4807 WINGROVE BLVD Address: Address: City-St-Zip: ORLANDO, FL 32819 City-St-Zip: ORLANDO, FL 32819 Title: Title: () Delete (X) Change () Addition Name: GUADAGNO, ADELE Name: GUADAGNO, ADELE 409 WINGROVE BLVD 4807 WINGROVE BLVD Address: Address: ORLANDO, FL 32819 ORLANDO, FL 32819 City-St-Zip: City-St-Zip:

() Delete Title: (X) Change () Addition Title: GUADAGNO, RICHARD Name: GUADAGNO, RICHARD Name: 409 WINGROVE BLVD 4807 WINGROVE BLVD Address: Address: City-St-Zip: ORLANDO, FL 32819 City-St-Zip: ORLANDO, FL 32819

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: MARY A. STALLONE D 05/04/2007