2007 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 06, 2007 08:00 Al Secretary of State **DOCUMENT # P05000021192** 1. Entity Name LOVE NAILS & MORE INC Mailing Address Principal Place of Business 7861 GUNN HWY 7861 GUNN HWY US TAMPA, FL 33626 TAMPA, FL 33626 CR2E034 (11/05) 03292007 No Chg-P DO NOT WRITE IN THIS SPACE Applied Fo 4. FEI Number 20-2318802 Not Applic \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent THAI, HUY P DO NOT WRITE 7861 GUNN HWY TAMPA, FL 33626 IN THIS SPACE 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 account of the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and account of the purpose of changing its registered office or registered agent, or both, in the State of Florida. the obligations of registered agent. SIGNATURE. DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 10. OFFICERS AND DIRECTORS DΡ TITLE NAME THAI, HUY P STREET ADDRESS **7861 GUNN HWY** CITY-ST-ZIP **TAMPA, FL 33626** U00000692664 D VP 04/16/07-80009-004 150.00 NAME TRAN, HUONG L STREET ADDRESS **7861 GUNN HWY** CITY-ST-ZIP **TAMPA, FL 33626** TITLE NAME STREET ADDRESS DO NOT WRITE CITY-S1-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

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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 direct of the corporation or the receiver or trustee empowered to execute this sport as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block. changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

TITLE NAME STREET ADDRESS CITY-ST-ZIP