2007 FOR PROFIT CORPORATION ANNUAL REPORT

Mar 26, 2007 08:00 A DOCUMENT # P05000079332 **Secretary of State** NAIL WORLD, INC. Principal Place of Business Mailing Address 10915 BAYMEADOWS RD STE 125 10915 BAYMEADOWS RD STE 125 JACKSONVILLE, FL 32256 JACKSONVILLE, FL 32256 02272007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-2931552 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent NGUYEN, PHUONG DO NOT WRITE 10915 BAYMEADOWS RD STE 125 JACKSONVILLE, FL 32256 · 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 accept the obligations of registered agent. SIGNATURE. Signature, typed or proted name of registered energ and title if emplicable (NOTE: Registered Agent signature regulard when reinstation) \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2007 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. TITLE NAME NGUYEN, PHUONG STREET ADDRESS 10915 BAYMEADOWS RD STE 125 JACKSONVILLE, FL 32256 CITY-ST-ZIP TITLE NAME **BUI, TUAN** U000000677593 10915 BAYMEADOWS RD STE 125 STREET ADDRESS CITY-ST-ZIP JACKSONVILLE, FL 32256 03/30/07-80109-011 150.bo THILE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

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 ceth; 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DNATURE AND SPECIAL PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2 2107 904.363.0511

FILED