

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 01, 2006 8:00 am**  
**Secretary of State**

06-01-2006 90003 032 \*\*\*150.00

<b>DOCUMENT # P05000108902</b> 1. Entity Name <b>NANCY'S NAILS FACIAL-WAXING, INC.</b>			
Principal Place of Business <b>925 N. COURTENAY PKWY SUITE 7 MERRITT ISLAND, FL 32953</b>		Mailing Address <b>925 N. COURTENAY PKWY SUITE 7 MERRITT ISLAND, FL 32953</b>	
2. Principal Place of Business <b>305 E. International Speedway</b> Suite, Apt. #, etc. <b># A6</b>		3. Mailing Address <b>305 E. Intl. Speedway</b> Suite, Apt. #, etc. <b># A6</b>	
City & State <b>Deland, FL</b> Zip <b>32724</b>		City & State <b>Deland, FL</b> Zip <b>32724</b>	
Country <b>USA</b>		Country <b>USA</b>	
4. FEI Number <b>800004351</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>LAW OFFICES OF SHANNON L. AKINS, PA 25 S. MAGNOLIA AVE. ORLANDO, FL 32801</b>		7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
<b>FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P VU, LINDA L 225 EYRE AVENUE MERRITT ISLAND, FL 32953</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P Vu, Linda L 252 Gala Circle Daytona Beach, FL 32124</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP VU, NANCY N 252 GALA CIRCLE DAYTONA BEACH, FL 32124</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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.			
<b>SIGNATURE:</b> <u>Linda Vu</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date <u>5-9-06</u> Daytime Phone # <u>386-254-7570</u>	