2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2007
Secretary of State

DOCUMENT# P06000027795

Entity Name: NAILIZE NAILSPA, INC.

Current Principal Place of Business:

9101 LAKERIDGE BLVD STE 7
BOCA RATON, FL 33496

New Principal Place of Business:

9101 LAKERIDGE BLVD
#7
BOCA RATON, FL 33496

Current Mailing Address:

9101 LAKERIDGE BLVD STE 7
BOCA RATON, FL 33496

New Mailing Address:

9101 LAKERIDGE BLVD
#7
BOCA RATON, FL 33496

FEI Number: 01-0858142 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SHEEHAN, HOPE
18714 CAPE SABLE DRIVE
BOCA RATON, FL 33498 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: SHEEHAN, HOPE
Address: 18714 CAPE SABLE DRIVE
City-St-Zip: BOCA RATON, FL 33498

Title: DVP ( ) Delete
Name: MANDEVILLE, VANESSA
Address: 18714 CAPE SABLE DRIVE
City-St-Zip: BOCA RATON, FL 33498

Title: DS ( ) Delete
Name: SHEEHAN, JEFF
Address: 18714 CAPE SABLE DRIVE
City-St-Zip: BOCA RATON, FL 33498

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: HOPE SHEEHAN PRES 01/17/2007

Electronic Signature of Signing Officer or Director — Date