

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000028494

FILED  
Mar 15, 2007  
Secretary of State

Entity Name: FANZY NAILS, INC.

**Current Principal Place of Business:**

2095-C SIESTA DRIVE  
SARASOTA, FL 34239

**New Principal Place of Business:**

**Current Mailing Address:**

2095-C SIESTA DRIVE  
SARASOTA, FL 34239

**New Mailing Address:**

FEI Number: 20-4376953      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

THAI ACCOUNTING INC.  
4167 CLARK ROAD  
SARASOTA, FL 34233      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: P ( ) Delete  
Name: TRAN, VINH  
Address: 2229 SIESTA DRIVE  
City-St-Zip: SARASOTA, FL 34239

Title: VP ( ) Delete  
Name: TRAN, VIVIAN  
Address: 2229 SIESTA DRIVE  
City-St-Zip: SARASOTA, FL 34239

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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: VINH TRAN

P

03/15/2007

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date