

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

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**FILED**  
**Feb 20, 2007 8:00 am**  
**Secretary of State**

01-29-2007 90080 029 \*\*\*150.00

<b>DOCUMENT # P06000047613</b>					
<b>1. Entity Name</b> LADYFINGER NAIL AND TOE SALON, INC.					
<b>Principal Place of Business</b> 3900 INVERRARY BLVD LAUDERHILL, FL 33319			<b>Mailing Address</b> 3900 INVERRARY BLVD LAUDERHILL, FL 33319		
<b>2. Principal Place of Business - No P.O. Box #</b>			<b>3. Mailing Address</b>		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country <i>Broward</i>		Zip	
Country <i>Broward</i>		4. FEI Number <i>14-1956605</i>			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
<b>6. Name and Address of Current Registered Agent</b>  MORSE, WILLIAM 3900 INVERRARY BLVD LAUDERHILL, FL 33319			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City		
FL			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 <i>[Signature]</i> DATE <i>1-27-07</i>					
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing)					
<b>FILE NOW!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
<b>10. OFFICERS AND DIRECTORS</b>					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MORSE, BRIELLE <input type="checkbox"/> Delete 3900 INVERRARY BLVD LAUDERHILL, FL 33319				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST MORSE, WILLIAM <input type="checkbox"/> Delete 3900 INVERRARY BLVD LAUDERHILL, FL 33319				
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE 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 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.					
SIGNATURE <i>[Signature]</i> DATE <i>1-27-07</i> DAYTIME PHONE # <i>954-721689</i>					
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					