

2007 FOR PROFIT CORPORATION ANNUAL REPORT

4/5

FILED
Apr 27, 2007 8:00 am
Secretary of State

04-09-2007 90045 003 ***150.00

DOCUMENT # P06000125183 1. Entity Name DYNASTY NAIL AND SPA, INC.					
Principal Place of Business 7720 NORTH WICKHAM ROAD MELBOURNE, FL 32940			Mailing Address 7720 NORTH WICKHAM ROAD MELBOURNE, FL 32940		
2. Principal Place of Business - No P.O. Box # 7720 N. Wickham Rd Suite, Apt. #, etc. # 108		3. Mailing Address 1743 Laramie Circle Suite, Apt. #, etc.			
City & State Melbourne FL		City & State Melbourne FL		4. FEI Number 84-1716998	
Zip 32940		Country Brevard		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LAM, CODY 7720 NORTH WICKHAM ROAD MELBOURNE, FL 32940				7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when releasing) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS / CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LAM, CODY 7720 NORTH WICKHAM ROAD MELBOURNE, FL 32940		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ 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.					
SIGNATURE: <u>Cody LAM</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date: <u>4-2-07</u> Daytime Phone #		