

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 22, 2007 8:00 am
Secretary of State

06-22-2007 90001 019 ***150.00

DOCUMENT # P06000138863 1. Entity Name SUNSHINE NAIL & BEAUTY SUPPLY, INC.					
Principal Place of Business 401 N. WICKHAM ROAD UNIT G MELBOURNE, FL 32935		Mailing Address 401 N. WICKHAM ROAD UNIT G MELBOURNE, FL 32935			
2. Principal Place of Business - No P.O. Box # 3350 W New Haven Ave		3. Mailing Address 3350 W New Haven Ave			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State W Melbourne		City & State W Melbourne		4. FEI Number 20-0376591	
Zip 32904		Country B		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent NGUYEN, OANH 401 N. WICKHAM ROAD UNIT G MELBOURNE, FL 32935				7. Name and Address of New Registered Agent Name: Nguyen, OANH Street Address (P.O. Box Number is Not Acceptable): 3350 West New Haven Ave City: West Melbourne FL Zip Code: 32904	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NGUYEN, OANH 4619 CHASTAIN DRIVE MELBOURNE, FL 32940	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	NGUYEN, OANH 4619 CHASTAIN DRIVE MELBOURNE, FL 32940	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	NGUYEN, OANH 4619 CHASTAIN DRIVE MELBOURNE, FL 32940	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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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: 		Date: 6-19-07 Daytime Phone #			