



# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 24, 2008 8:00 am**  
**Secretary of State**

04-24-2008 90106 012 \*\*\*150.00

<b>DOCUMENT # P07000019658</b> 1. Entity Name <b>T D NAILS INC</b>			
Principal Place of Business <b>7549 W COLONIAL DRIVE SUITE 180 ORLANDO, FL 32818</b>		Mailing Address <b>7549 W COLONIAL DRIVE SUITE 180 ORLANDO, FL 32818</b>	
2. Principal Place of Business - No P.O. Box # <b>7649 W COLONIAL DRIVE</b> Suite, Apt. #, etc. <b>180</b>		3. Mailing Address <b>7649 W COLONIAL DRIVE</b> Suite, Apt. #, etc. <b>180</b>	
City & State <b>ORLANDO, FL</b> Zip <b>32818</b> Country		City & State <b>ORLANDO, FL</b> Zip <b>32818</b> Country	
4. FFI Number <b>20-8486841</b>		04142008 Chg-P CR2E034 (12/06)	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required		Not Applicable	
6. Name and Address of Current Registered Agent <b>TRAN, THANH 7549 W COLONIAL DRIVE SUITE 180 ORLANDO, FL 32818</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 reinstating) DATE _____			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P <input type="checkbox"/> Delete <b>TRAN, THANH 7549 W COLONIAL DRIVE ORLANDO, FL 32818</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<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.			
<b>SIGNATURE:</b>  <b>TRAN THANH DUC</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<b>4-22-08</b> <small>Date</small>	<b>(321) 297-9303</b> <small>Daytime Phone #</small>