2008 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: _

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

DOCUMENT # P07000019658 1. Entity Name T D NAILS INC				04-24-2008 90106 012 ***150.00						
Principal Place of Business Mailing Address										
7549 W COLONIAL DRIVE 7549 W COLONIAL DRIVE			/E			المحمد المراج				
SUITE 180 SUITE 180										
ORLANDO, FL 32818 ORLANDO, FL 32818			·	1 10 10 10 10 10 10	BBISE (BBISE BBISE BBISE BBISE			111 1 (1 111)		
Principal Place of Business - No P.O. Box # 3. Mailing Address										
7649 W COLONIAL DRIVE		F649 W COLONIA Suite, Apt. #, etc.		DOIAL DRIV		meni (eau eeu eeu eeu eei —	48181 618 1811		18 B) () (18 E)	
Suite, Apt. #, etc.					04142008	Chg-P	CR2E03	4 (12/06)		
City & State		City & State			4. FEI Numbe	· · · · · · · · · · · · · · · · · · ·		Lian		
ORLANDO FL		DRLANDO FL				20-8486	841	No	t Applicable	
Zip / Country		Zip Countr		try	5. Certificate of Status Desired \$8.75 Additional					
<u> </u>		51/51/1			Fee Required					
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent Name					
TRAN, THANH										
7549 W COLONIAL DRIVE			Street Address (P.O. Box Number is Not Acceptable)							
SUITE 180 ORLANDO), FL 32818									
				City			FL	Zip Code	9	
. The shares		ad office or recipt	arad agent or bo	th in the State of Flo		miliar with	and accent			
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 Signature, typed or printed hame of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE										
						-				
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution.					5.00 May Be ided to Fees					
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS	CHANGES TO OFF	ICERS AND	DIRECTORS		
TITLE	P Delete TITI							☐ Change	☐ Addition	
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TITLE		☐ Delete	TITL	.E				☐ Change	Addition	
NAME			NAA							
STREET ADDRESS				EET ADORESS Y-ST-ZIP						
CITY-ST-ZIP			→ —					☐ Change	☐ Addition	
TITLE NAME		☐ Delete	TITL NAA	i i	•			ு என்ற	- Addition	
STREET ADDRESS				EET ADDRESS						
CITY-ST-ZIP			cm	Y-ST-ZIP						
12. I hereby	certify that the information supplied with	this filing does not qualify for	or the ex	emptions contain	ed in Chapter 11	9, Florida Statutes. I	I further certi	fy that the in	ntormation or director	
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.										
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