2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2009
Secretary of State

DOCUMENT# P07000038307

Entity Name: MICHELLE NAILS & SPA INC.

Current Principal Place of Business:

4701 SW COLLEGE RD # 7
OCALA, FL 34474

New Principal Place of Business:

Current Mailing Address:

4701 SW COLLEGE RD # 7
OCALA, FL 34474

New Mailing Address:

FEI Number: 20-8773610 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DOAN, PETER
8670 SW 59 TERR
OCALA, FL 34476 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P/D ( ) Delete
Name: DOAN, PETER
Address: 4701 SW COLLEGE RD # 7
City-St-Zip: OCALA, FL 34474

Title: VP/D ( ) Delete
Name: PHAM, TRANG
Address: 8670 SW 59 TERR
City-St-Zip: OCALA, FL 34476

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: X P 03/15/2009

Electronic Signature of Signing Officer or Director — Date