2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000071949

Entity Name: NAIL SUPPLY ETC, INC

NORMAL, IL 61761

City-St-Zip:

FILED Mar 27, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 236 SW PORT ST LUCIE BLVD PORT ST LUCIE, FL 34984 **Current Mailing Address: New Mailing Address:** 236 SW PORT ST LUCIE BLVD PORT ST LUCIE, FL 34984 FEI Number: 26-3057337 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: LE, TRANG 2279 SW NEWPORT ISLES BLVD PORT ST. LUCIE, FL 34953 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete () Change () Addition LE, TRANG Name: Name: 2279 SW NEWPORT ISLE BLVD Address: Address: City-St-Zip: PORT ST LUCIE, FL 34953 City-St-Zip: Title: () Delete Title: (X) Change () Addition INTHAPHONE, OULAY Name: Name: INTHAPHONE, OULAY 403 GREENBRIAR DR, APT 112 Address: 28 HARBOUR ISLE DRIVE WEST Address:

City-St-Zip:

FT. PIERCE, FL 34949

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.

Ρ SIGNATURE: TRANG LE 03/27/2009