2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 19, 2004 8:00 am Secretary of State

DOCUMENT # P94000048286 1. Entity Name NAILIZE, INC.							03-19-2004 90045 024 ***150.00				
Principal Plac	e of Business		Mailing Address							0 W	
9101 LAKERIDGE BLVD 7 FRANKFORD LN								54	10199	27	
#7 Boca raton	l, FL 33496	US	PALM COAST, FL 3213	7		1 (9 A) (10 A)	: (811) 8:81) 881); 86(8) 88;	III BBIYI BI FR I K B I	PE 41991 (BN)B 671	itei (i itei	
2. Principal Place of Business			3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.			02182004	Chg-P	CR2E03	34 (10/03)		
City & State			City & State			4. FEI Number 65-050				plied For t Applicable	
Zip Country		Zip Coun		try	5. Certificate of Status Desired		\$8.75 Additional Fee Required				
	6. Name a	and Address of Current	Registered Agent			7. Name and	Address of New F				
ENLINE CARCIE					Name -	_	_				
EKLUND, 7 FRANKF					Street Addre	ss (P.O. Box Numbe	er is Not Acceptable	e)			
PALM CO	AST, FL 32	2137									
					City			FL	Zip Code)	
8. The above	named entity	submits this statement for	r the purpose of changing its	registere	ed office or regi	istered agent, or bot	h, in the State of Flo		amiliar with,	and accept	
the obligat	tions of registe	red agent.									
SIGNATURE.											
	Signature, typed or	r printed name of registered agent a	and title #applicable. (NOTE	: Registere	d Agent signature req	quired when reinstating)		DATE			
FIL After Ma	E NOW!!! ay 1, 2004	FEE IS \$150.00 Fee will be \$550.0	9. Election Campaig Trust Fund Contr			\$5.00 May Be Added to Fees					
10.						1					
TITLE		OFFICERS AND	DIRECTORS	11.		ADDITIONS/	CHANGES TO OFF	ICERS AND	DIRECTORS	IN 11	
NAME	D		DIRECTORS Delete	TITLE	E				TS Channe	S IN 11	
STREET ADDRESS	EKLUND, N	MELISSA A		TITLE NAM	E IE ET ADDRESS				TS Channe		
STREET ADDRESS CITY-ST-ZIP	EKLUND, N 1003 NE 9			TITUE NAM STRE	E IE EET ADDRESS				TS Channe		
	EKLUND, N 1003 NE 9	MELISSA A TH AVE. #3		TITUE NAM STRE	EET ADDRESS -ST-ZIP	ADDITIONS,			TS Channe		
CITY-ST-ZIP TITLE NAME	EKLUND, M 1003 NE 9" DELRAY B D MCGOVER	MELISSA A TH AVE. #3 EACH, FL 33483 RN, SANDRA V	□ Delete	TITLE NAM STRE CITY TITLI	EET ADDRESS -ST-ZIP E				Change	Addition	
CITY-ST-ZIP	EKLUND, M 1003 NE 9 ⁻ DELRAY B D MCGOVER 2600 GREI	MELISSA A TH AVE. #3 EACH, FL 33483 RN, SANDRA V ENWOOD TER. #G10	□ Delete	TITLE NAM STRE CITY TITLE NAM STRE	EET ADDRESS A-ST-ZIP				Change	Addition	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/15/04 561-883-5699