2007 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

Apr 26, 2007 8:00 am Secretary of State DOCUMENT # P95000074957 04-26-2007 90226 043 ***150 00 ARTISTIC NAILS, INC. Principal Place of Business Mailing Address 40003~ 1813 W HILLSBORO BLVD 1813 W HILLSBORO BLVD DEERFIELD EBACH, FL 33442 US DEERFIELD EBACH, FL 33442 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03072007 CR2E034 (12/06) Chg-P City & State City & State 4. FEI Number Applied For 65-0610170 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Regulred 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent AGOSTO, ROSAURA Street Address (P.O. Box Number is Not Acceptable) 3680 N.W. 40TH COURT LAUDERDALE LAKES, FL 33309 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 П Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PSTD TITLE Delete ☐ Change ☐ Addition TITLE NAME AGOSTO, ROSAURA NAME STREET ADDRESS 3680 N.W. 40TH COURT STREET ADDRESS CITY-ST-ZIP LAUDERDALE LAKES, FL 33309 CITY-SY-ZIP ☐ Change ■ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition TITLE ☐ Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-71P ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Detete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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.

FILED