

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000031440

FILED
Apr 30, 2006
Secretary of State

Entity Name: HEAVEN & EARTH NAIL SALON AND SPA, INC.

Current Principal Place of Business:

981 N. NOB HILL ROAD
PLANTATION, FL 33324

New Principal Place of Business:

Current Mailing Address:

3920 HAWKS CT
WESTON, FL 33331

New Mailing Address:

FEI Number: 65-0667224

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MALONE, J. DENISE
3920 HAWKS CT
WESTON, FL 33331 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 () Delete
Name: MALONE, DENISE
Address: 3920 HAWKS CT
City-St-Zip: WESTON, FL 33331

Title: VP () Delete
Name: MALONE, DARRELL
Address: 3920 HAWKS CT
City-St-Zip: WESTON, FL 33331

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: MALONE, DARRELL
Address: 3920 HAWKS CT
City-St-Zip: WESTON, FL 33331

Title: VP (X) Change () Addition
Name: MALONE, DENISE
Address: 3920 HAWKS CT
City-St-Zip: WESTON, FL 33331

I hereby certify that the information supplied with this filing does not qualify for the 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: DENISE MALONE

VP

04/30/2006

Electronic Signature of Signing Officer or Director

_____ Date