Apr 20, 1999 8:00 am Secretary of State

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000056945

1. Corporation Name

BLOOMINGNAILS, INC.

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Principal Plac	e of Business	Mailing Address		. E ROMERION CO	d (dat fadis dam naut gam sam	FALLARI AFTIRA AFTIRA HANTI A	hilffli ffstr i gat	
471 GREENWOOU LANE		-A71-GREENWOOD TANET						
				- D. I.	DO NOT WRITE IN TI	HIS SPACE		
				3. Date incorpora 06/27/1997				
0.00	, of Ducinos	2a. Mailing Address	<u> </u>	4. FEI Number	<u> </u>	Apr	olied For	
— · · · · -	lace of Business		WE BUND	59-347620	Α .	, 	Applicable	
21 7 7 7 7 7 7 7 7 7 7 1 21 Suite, Apt.	WINDGROVE BLUD.	26 4807 WIND GP Suite, Apt. #, etc.	ove pery.			\$8.75 A		
22	<i>#</i> 1 010.	27		5. Certifcate of S	tatus Desired	Fee Red		
City & Stat	ie _	City & State		6. Election Camp	algn Financing	\$5.00	May Be	
23 ORLA		28 ORLANDO F	LA.	Trust Fund Co	- 11	Added to	Fees	
Zip	Country	Zip	Country	8. This corporation	on owes the current year	r Intangible		
24 328	19 25 UNITED STATE	3 <i>2819</i> 3	o UNITED STA				□ No	
	9. Name and Address of Current	Registered Agent		10. Name and Ad	Idress of New Register	red Agent		
100	D411 F011150 D II		81 Name					
	DAN, EDWARD P II		82 Street A	Address (P.O. Box Number	er is Not Acceptable)			
	43 E. HWY. 50				<u> </u>			
CLE	RMONT FL 34711		83					
			84 City			85 Zip C	ode	
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office or r	to the provisions of Sections 607.0502 registered agent, or both, in the State of	of Florida. Such change was aut	nonzed by the corpo	corporation submits this s	tatement for the purpose	e of changing its oppointment-as reg	registered jistered===================================	÷
office or r	to the provisions of Sections 607.0502 registered agent, or both, in the State of im familiar with, and accept the obligati	of Florida. Such change was aut	nonzed by the corpo	corporation submits this s ration's board of directors	tatement for the purpose b. I hereby accept the ap	e of changing its oppointment-as-reg	registered jistered===================================	<u>-</u>
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14. 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 annual report or supplemental annual 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 trystee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapted, or on an attachment with an address, with all other like empowered. Trexident

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP