2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2005
Secretary of State

DOCUMENT# P98000078213

Entity Name: MAGIC NAILS OF CENTRAL FLORIDA, INC.

Current Principal Place of Business:

P.O.BOX 790
WINDERMERE, FL 34786

New Principal Place of Business:

4192 CONROY ROAD
SUITE 105
ORLANDO, FL 32835

Current Mailing Address:

PO BOX 790
WINDERMERE, FL 347860790

New Mailing Address:

FEI Number: 65-0861797 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CHAU, ANDY
8912 SOUTHERN BREEZE DR
ORLANDO, FL 32836 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: CHAU, ANDY
Address: 8912 SOUTHERN BREEZE DR.
City-St-Zip: ORLANDO, FL 32836

Title: D ( ) Delete
Name: CHAU, HANG
Address: 8912 SOUTHERN BREEZE DR.
City-St-Zip: ORLANDO, FL 32836

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: ANDY CHAU PRES 04/10/2005

Electronic Signature of Signing Officer or Director Date