

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2006 08:00 AM
Secretary of State

DOCUMENT # P99000049948

1. Entity Name
 NAIL TOUCH, INC.



Principal Place of Business
 1508 NORTH THIRD STREET
 JACKSONVILLE, FL 32250

Mailing Address
 1508 NORTH THIRD STREET
 JACKSONVILLE, FL 32250



02142006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
 59-3582769 Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MA, TONY T
 1508 NORTH THIRD STREET
 JACKSONVILLE, FL 32250

DO NOT WRITE IN THIS SPACE

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
 NAME MA, TONY T
 STREET ADDRESS 1508 NORTH THIRD STREET
 CITY-ST-ZIP JACKSONVILLE, FL 32250

TITLE VSTD
 NAME PHAM, LOAN
 STREET ADDRESS 1508 NORTH THIRD STREET
 CITY-ST-ZIP JACKSONVILLE, FL 32250

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 04/26/06-80031-005 150.00

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12. I hereby certify that the information supplied with this filing 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.

SIGNATURE:

Jon Shultz
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/1/06 247-8868
 Date Daytime Phone #