


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 26, 2007 8:00 am**  
**Secretary of State**

01-26-2007 90028 048 \*\*\*150.00

<b>DOCUMENT # P99000058434</b>	
1. Entity Name <b>BE - NAILS, INCORPORATED</b>	

Principal Place of Business <b>10801 STARKEY ROAD STE NO 10 LARGO, FL 33777</b>	Mailing Address <b>10801 STARKEY ROAD STE NO 10 LARGO, FL 33777</b>
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2. Principal Place of Business - No P.O. Box # <b>10801 STARKEY Rd</b>	3. Mailing Address <b>10801 STARKEY Rd</b>
Suite, Apt. #, etc. <b>SUITE 10</b>	Suite, Apt. #, etc. <b>SUITE 10</b>

City & State <b>LARGO FL</b>	City & State <b>LARGO FL</b>	4. FEI Number <b>59-3586404</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <b>33777</b>	Country <b>USA</b>	Zip <b>33777</b>	Country <b>USA</b>



01172007 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent <b>PHAN, HUNG 10801 STARKEY ROAD #10 LARGO, FL 33777</b>		7. Name and Address of New Registered Agent	
		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		<b>FL</b> Zip Code	

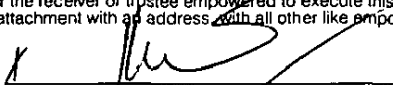
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PVTS PHAN, HUNG 10801 STARKEY ROAD # 10 LARGO, FL 33777</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP THI THU TRAN, HIEN 7157 76TH ST N PINELLAS PARK, FL 33781</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:**  **Jan-23-07**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #