2007 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

Apr 30, 2007 8:00 am Secretary of State **DOCUMENT # P99000070540** 04-30-2007 90468 035 ***150.00 L.A. NAILS & TANNING, INC. bUU45196 Principal Place of Business Mailing Address 2791 GULF TO BAY BOULEVARD 2791 GULF TO BAY BOULEVARD CLEARWATER, FL 33759 CLEARWATER, FL 33759 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01152007 CR2E034 (12/06) Chg-P Applied For City & State City & State 4. FEI Number 59-3594417 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent LA, THUY Street Address (P.O. Box Number is Not Acceptable) 2791 GULF TO BAY BOULEVARD CLEARWATER, FL 33759 City 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 Signature, typed or printed name of registered agent and little if applicable 9. Election Campaign Financing **\$5.00** May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution After May 1, 2007 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 D ☐ Change Addition TITLE ☐ Delete TITLE LA, THUY NAME NAME 2791 GULF TO BAY BOULEVARD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CLEARWATER, FL 33759 ☐ Delete TITLE ☐ Change ☐ Addition DANG, WINN NAME NAME STREET ADDRESS 2791 GULF TO BAY BOULEVARD STREET ADDRESS CLEARWATER, FL 33759 CITY-ST-7IP CITY-ST-7IP TITLE ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ■ Addition Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY+ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PAY-ST-ZIP 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 his report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 it changed, or on an attachment with an address, with all other the empowered.

TED HAME OF SIGNING OFFICER OR DIRECTOR

FILED