


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2006 8:00 am
Secretary of State

04-10-2006 90318 026 ***150.00

DOCUMENT # P99000111929	
1. Entity Name NATURAL NAIL CARE CLINIC, INC.	

Principal Place of Business 3106 TAMiami TRl N NAPLES, FL 34103 US	Mailing Address 1105 TURTLE CREEK DR #322 NAPLES, FL 34110 US
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2. Principal Place of Business 877 91st Ave North Suite, Apt. #, etc. Unit #3 City & State Naples, Florida Zip 34108 Country USA	3. Mailing Address 877 91st Ave North Suite, Apt. #, etc. Unit #3 City & State Naples, Florida Zip 34108 Country USA
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01202006 Chg-P CR2E034 (11/05)

4. FEI Number 59-3633059	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CAMPBELL, JULIE C 1105 TURTLE CREEK DR #322 NAPLES, FL 34110	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 Julie C Campbell DATE 04/01/06

Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 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	DPS CAMPBELL, JULIE C 1105 TURTLE CREEK DR #322 NAPLES, FL 34110 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 Julie C Campbell PRES. DATE 04/01/06 (235) 254-8789

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR