2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007
Secretary of State

DOCUMENT# P99000111929

Entity Name: NATURAL NAIL CARE CLINIC, INC.

Current Principal Place of Business:

899 91ST N
UNIT 3
NAPLES, FL 34108 US

New Principal Place of Business:

877 91ST AVE NORTH
UNIT 3
NAPLES, FL 34108 US

Current Mailing Address:

899 91ST N
UNIT 3
NAPLES, FL 34108 US

New Mailing Address:

877 91ST AVE NORTH
UNIT 3
NAPLES, FL 34108 US

FEI Number: 59-3633059 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CAMPBELL, JULIE C
1105 TURTLE CREEK DR
#322
NAPLES, FL 34110 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: DPS ( ) Delete
Name: CAMPBELL, JULIE C
Address: 1105 TURTLE CREEK DR #322
City-St-Zip: NAPLES, FL 34110

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition
Name: CAMPBELL, JULIE C
Address: 1105 TURTLE CREEK DR #322
City-St-Zip: NAPLES, FL 34110

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: JULIE C. CAMPBELL PRES 04/30/2007
Electronic Signature of Signing Officer or Director Date