2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2005
Secretary of State

DOCUMENT# S14172

Entity Name: CINDY LEE'S FACIAL AND NAIL INSTITUTE INC.

Current Principal Place of Business:

534 N PENINSULA DR
DAYTONA BCH, FL 32118 US

New Principal Place of Business:

Current Mailing Address:

534 N PENINSULA DR
DAYTONA BCH, FL 32118 US

New Mailing Address:

FEI Number: 59-3054227 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

NILES, CINDY LEE
534 N PENINSULA DR
DAYTONA BEACH, FL 32118 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: PDST ( ) Delete
Name: NILES, CINDY LEE,
Address: 534 NORTH PENINSULAR DRIVE
City-St-Zip: DAYTONA BEACH, FL 32118

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: CINDY LEE NILES PDST 04/26/2005

Electronic Signature of Signing Officer or Director Date