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From:
Account Name : YOUR CAPITAL CONNECTION, INC.
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Phone : (850) 224-8870
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Perfect Touch, Inc.

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APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1303, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. PERFECT TOUCH, INC.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")
2. Perfect Touch of Alabama, Inc.
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
3. ALABAMA
(State or country under the law of which it is incorporated)
4. 6312611730
(FEI number, if applicable)
5. FEBRUARY 17, 2000
(Date of incorporation)
6. PERPETUAL
(Duration: Year corp. will cease to exist or "perpetual")
7. 01/01/2005
(Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification.")
(SEE SECTIONS 607.1301, 607.1302 and 817.155, F.S.)
8. P.O. Box 45, THORSBY AL 35171-0045
(Principal office address)
9. P.O. Box 5947, DESTIN, FL 32540
(Current mailing address)
10. WHOLESALE & RETAIL FURNISHINGS & DESIGNS
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)
11. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)
Name: MICHAEL L. WEINERTS, ESQ.
Office Address: 4507 FURLING LANE, STE. 209
DESTIN, FLORIDA, Florida 32541
(City) (Zip code)

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

M.L.W.
(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and business addresses of officers and/or directors:

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A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERSPresident: FRANCES GAIL SMITHAddress: P.O. Box 5947DESTIN, FLORIDA 32540

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. Frances Gail Smith
(Signature of Director or Officer listed in number 12 of the application)14. FRANCES GAIL SMITH - President
(Typed or printed name and capacity of person signing application)

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Nancy L. Worley
Secretary of State

P.O. Box 5616
Montgomery, AL 36103-5616

STATE OF ALABAMA

I, Nancy L. Worley, Secretary of State of the State of Alabama, having custody of the Great and Principal Seal of said State, do hereby certify that

the domestic corporation records on file in this office disclose that Perfect Touch, Inc. incorporated in Chilton County, Clanton, Alabama on February 17, 2000. I further certify that the records do not disclose that said Perfect Touch, Inc. has been dissolved.



In Testimony Whereof, I have hereunto set my hand and affixed the Great Seal of the State, at the Capitol, in the City of Montgomery, on this day.

January 28, 2005

Date

Nancy L. Worley

Secretary of State

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