2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2008 8:00 am
Secretary of State
04-14-2008 90072 034 ***158.75

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1. Entity Name
TOUCH OF CLASS COMPLETE INTERIORS, INC.

Principal Place of Business	Mailing Address
8362 PINES BLVD #328 PEMBROKE PINES, FL 33024	8362 PINES BLVD #328 PEMBROKE PINES, FL 33024

01072008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2186756
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

~~TUCKER, ESQ, WILLIAM D~~
~~735 NE 3 AVE~~
~~FT LAUDERDALE, FL 33304~~

LORRAINE STEVENSON
8362 PINES BLVD
SUITE 328
PEMBROKE PINES FL 33024

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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 LORRAINE STEVENSON, SEC/TREAS 3-31-08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	STEVENSON, ROBERT
STREET ADDRESS	7191 SW 13TH ST
CITY-ST-ZIP	PEMBROKE PINES, FL
TITLE	ST
NAME	STEVENSON, LORRAINE
STREET ADDRESS	7191 SW 13TH ST
CITY-ST-ZIP	PEMBROKE PINES, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: LORRAINE ANN STEVENSON 3-31-08 954-966-2231
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #