

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F78118

FILED
Apr 23, 2009
Secretary of State

Entity Name: TOUCH OF CLASS COMPLETE INTERIORS, INC.

Current Principal Place of Business:

8362 PINES BLVD #328
PEMBROKE PINES, FL 33024

New Principal Place of Business:

8362 PINES BLVD #328
SUITE 328
PEMBROKE PINES, FL 33024

Current Mailing Address:

8362 PINES BLVD #328
PEMBROKE PINES, FL 33024

New Mailing Address:

8362 PINES BLVD #328
SUITE 328
PEMBROKE PINES, FL 33024

FEI Number: 59-2186756

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

STEVENSON, LORRAINE
8362 PINES BLVD SUITE 328
PEMBROKE PINES, FL 33024 US

Name and Address of New Registered Agent:

STEVENSON, LORRAINE C/O TOUCH OF CLASS
8362 PINES BLVD
SUITE 328
PEMBROKE PINES, FL 33024 US

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: LORRAINE STEVENSON

04/23/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: STEVENSON, ROBERT
Address: 7191 SW 13TH ST
City-St-Zip: PEMBROKE PINES, FL

Title: ST () Delete
Name: STEVENSON, LORRAINE
Address: 7191 SW 13TH ST
City-St-Zip: PEMBROKE PINES, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: STEVENSON, ROBERT
Address: 7191 SW 13TH ST
City-St-Zip: PEMBROKE PINES, FL 33023

Title: ST (X) Change () Addition
Name: STEVENSON, LORRAINE
Address: 7191 SW 13TH ST
City-St-Zip: PEMBROKE PINES, FL 33023

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: LORRAINE STEVENSON

S/T

04/23/2009

Electronic Signature of Signing Officer or Director

Date