

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F78118

FILED  
Apr 21, 2011  
Secretary of State

**Entity Name:** TOUCH OF CLASS COMPLETE INTERIORS, INC.

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

**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 C/O TOUCH OF CLASS  
8362 PINES BLVD  
SUITE 328  
PEMBROKE PINES, FL 33024 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

**OFFICERS AND DIRECTORS:**

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

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

I hereby 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 all other like empowered.

SIGNATURE: LORRAINE STEVENSON

ST

04/21/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date