2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000080667

Address:

City-St-Zip:

PO BOX 180366

TALLAHASSEE, FL 32318

Entity Name: FINISHING TOUCH SERVICES LLC

FILED Mar 25, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business: PO BOX 180366 6706 POMONA COURT TALLAHASSEE, FL 32318 TALLAHASSEE, FL 32317 US US **Current Mailing Address: New Mailing Address:** PO BOX 180366 TALLAHASSEE, FL 32318 US FEI Number: 20-1888208 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: ANGELA MOSS POOLE LLC 118 SALEM COURT TALLAHASSEE, FL 32301 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: Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: MGRM () Delete Title: () Change () Addition WORD, MATTHEW D Name: Name: Address: PO BOX 180366 Address: City-St-Zip: TALLAHASSEE, FL 32318 US City-St-Zip: Title: MGR () Delete Title: () Change () Addition WORD, LASHERINY A Name: Name: Address: PO BOX 180366 Address: City-St-Zip: TALLAHASSEE, FL 32318 US City-St-Zip: Title: MGRM () Delete Title: () Change () Addition BAGIAS, ESTRADO Name: Name:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

Address:

City-St-Zip:

SIGNATURE: LASHERINY WORD MGR 03/25/2007