## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## ANNUAL REPORT FILED Feb 15, 2008 08:00 AN Secretary of State DOCUMENT # L73907 1. Entity Name TOUCH OF ELEGANCE INTERIORS, INC. Principal Place of Business Mailing Address 157 BAREFOOT CIRCLE 157 BAREFOOT CIRCLE BONITA SPRINGS, FL 34134 US BONITA SPRINGS, FL 34134 US 02122008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0194173 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent FONTANA, MARY A. DO NOT WRITE 157 BAREFOOT CIR. BONITA SPRINGS, FL 34134 IN THIS SPACE 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 U000000829505 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 02/26/08-80045-008 150.00 OFFICERS AND DIRECTORS 10. TITLE FONTANA, MARY A. NAME STREET ADDRESS 157 BAREFOOT CIRCLE **BONITA SPRINGS, FL** CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-7IP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

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

CITY-SI-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

WORLY SANTENED HAME OF BIGHING OFFICEROR DIRECTOR

2/14/08 (230)273 3886