2007 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Apr 02, 2007 8:00 am
Secretary of State

03-16-2007 90034 002 ***150.00

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1. Entity Name
RENEW OF FUTURE PROMISES, INC.

Principal Place of Business	Mailing Address
10331 W. SAMPLE ROAD CORAL SPRINGS, FL 33065	8500 NW 49 DRIVE CORAL SPRINGS, FL 33067

New Address

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Touch Of Class Day Spa.Com 3000 N. University Drive Suite A Coral Springs, FL 33065	Suite, Apt. #, etc.
	City & State
Zip / Country	Zip / Country

03082007 Chg-P CR2E034 (12/06)

4. FEI Number
65-1002213 | Applied For | Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
URQUIA, NORA 10331 W. SAMPLE ROAD CORAL SPRINGS, FL 33065	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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 [signature] 3/11/07 -
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, 2007 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ~~MAXFIELD~~, NORA URQUIA - 10331 W. SAMPLE ROAD CORAL SPRINGS, FL 33065	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT - NORA URQUIA - change my name - ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: [signature] 3/08/07 -
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #