## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P02000050118

127 NE 17TH AVE

City-St-Zip: FT LAUDERDALE, FL 33301

Address:

Entity Name: MAGIC TOUCH DECORATIVE PAINTING, INC.

FILED Jan 06, 2006 Secretary of State

| Current Principal Place of Business:        |                         |                                 | New Principal Place of Business:            |  |  |
|---|-------------------------|---------------------------------|---|--|--|
| 127 NE 17<br>FT LAUDE                       | TH AVE<br>ERDALE, FL (  | 33301                           |   |  |  |
| Current Mailing Address:                    |                         |                                 | New Mailing Address:                        |  |  |
| 127 NE 17<br>FT LAUDE                       | TH AVE<br>ERDALE, FL (  | 33301                           |   |  |  |
| FEI Number                                  | : 30-0084328            | FEI Number Applied For ( )      | FEI Number Not Applicable ( )               | Certificate of Status Desired ( )            |  |
| Name and                                    | d Address of            | Current Registered Agent:       | Name and Address of                         | Name and Address of New Registered Agent:    |  |
|   | 'TH AVE<br>ERDALE, FL ( |                                 | purpose of changing its registered          | office or registered agent, or both,         |  |
|   | e of Florida.           |                                 |   |  |  |
| SIGNATUI                                    | RE:                     |                                 |   |  |  |
|   | Electro                 | nic Signature of Registered Ac  | jent  | Date   |  |
| Election Ca                                 | mpaign Financir         | ng Trust Fund Contribution ( ). |   |  |  |
| OFFICERS AND DIRECTORS:                     |                         |                                 | ADDITIONS/CHANGE                            | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip: | SEFCHOK, PA             |                                 | Title:<br>Name:<br>Address:<br>City-St-Zip: | ( ) Change ( ) Addition                      |  |
| Title:                                      | VP (                    | ) Delete                        | Title:                                      | ( ) Change( ) Addition                       |  |

Address:

City-St-Zip:

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 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: PAULA SEFCHOK PRES 01/06/2006