2006 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P03000141696

1. Entity Name
HEAVENLY TOUCH CARPET SERVICES, INC.

Principal Place of Business	Mailing Address
1983 NW 55T Ave Bldg K. *(handwritten)* MARGATE, FL 33063 *(handwritten)*	541 SOUTH STATE RD. 7 SUITE A MARGATE, FL 33068

DO NOT WRITE IN THIS SPACE

01102006   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
20-0382193	Not Applicable

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

6. Name and Address of Current Registered Agent

LAMPKIN, VICTORIA L
~~9901 WESTVIEW DRIVE., #312~~
~~CORAL SPRINGS, FL 33076~~

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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, 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, 2006 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	PCEO
NAME	LAMPKIN, JEFFREY
STREET ADDRESS	9901 WESTVIEW DRIVE., #312
CITY-ST-ZIP	CORAL SPRINGS, FL 33076
TITLE	VST
NAME	LAMPKIN, VICTORIA L.
STREET ADDRESS	9901 WESTVIEW DRIVE., #312
CITY-ST-ZIP	CORAL SPRINGS, FL 33076
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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)* VicToria LampKin ST.   954-868-8831
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #