

**2006 FOR PROFIT CORPORATION ANNUAL REPORT**


**FILED**  
**Apr 03, 2006 8:00 am**  
**Secretary of State**

04-03-2006 90390 024 \*\*\*150.00

**60023503**



01172006 Chg-P CR2E034 (11/05)

DOCUMENT # P04000023055					
1. Entity Name WITH A TOUCH OF ELEGANCE, INC.					
Principal Place of Business 1225 W BEAVER ST JACKSONVILLE, FL 32204		Mailing Address 1225 W BEAVER ST JACKSONVILLE, FL 32204			
2. Principal Place of Business 8429 Royalwood Dr Suite, Apt. #, etc.		3. Mailing Address 8429 Royalwood Drive Suite, Apt. #, etc.			
City & State Jacksonville, FL		City & State Jacksonville, FL		4. FEI Number 55-0856349	
Zip 32256		Country Duval		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State Jacksonville, FL		City & State Jacksonville, FL		Applied For <input type="checkbox"/> Not Applicable	
Zip 32256		Country Duval		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MAJOR, ANNIE L 8429 ROYALWOOD DRIVE JACKSONVILLE, FL 32256			7. Name and Address of New Registered Agent 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: <i>Annie L. Major</i>			DATE: 1-18-06		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006-Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	PVD MAJOR, ANNIE L 8429 ROYALWOOD DRIVE JACKSONVILLE, FL 32256	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: <i>Annie L. Major</i>			Date: 1-18-06 (904) 645-8656		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #		