


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 24, 2006 8:00 am**  
**Secretary of State**

04-24-2006 90386 022 \*\*\*150.00


|   |  |   |
|---|--|---|
| <b>DOCUMENT # P04000105488</b>                        |  |  |
| 1. Entity Name<br><b>FINAL TOUCH COMPOSITES, INC.</b> |  |   |

|   |   |
|---|---|
| Principal Place of Business<br><b>70 EMERSON DR NW<br/>PALM BAY, FL 32907</b> | Mailing Address<br><b>70 EMERSON DR NW<br/>PALM BAY, FL 32907</b> |
|---|---|

|   |   |
|---|---|
| 2. Principal Place of Business<br><b>317 Breckenridge Cir. SE</b> | 3. Mailing Address<br><b>317 Breckenridge Cir. SE</b> |
| Suite, Apt. #, etc.   | Suite, Apt. #, etc.                                   |

|                                     |                                     |
|-------------------------------------|-------------------------------------|
| City & State<br><b>Palm Bay, FL</b> | City & State<br><b>Palm Bay, FL</b> |
| Zip<br><b>32909</b>                 | Country<br><b>US</b>                |

40000



04202006 Chg-P CR2E034 (11/05)

|   |  |
|---|--|
| 4. FEI Number<br><b>13-4284872</b>  | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |  |

|  |  |
|--|--|
| 6. Name and Address of Current Registered Agent                    |  |
| <b>FLEMING, JOHN M<br/>70 EMERSON DR NW<br/>PALM BAY, FL 32907</b> |  |

|  |          |
|--|----------|
| 7. Name and Address of New Registered Agent        |          |
| Name   |          |
| Street Address (P.O. Box Number is Not Acceptable) |          |
| City   |          |
| FL   | Zip Code |

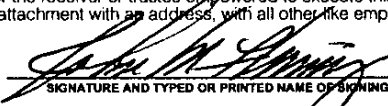
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE:  **John Fleming - President** **4-20-06**  
Signature, typed or printed name of registered agent and title, applicable. (NOTE: Registered Agent signature required when reinstating) DATE

|   |  |
|---|--|
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2006 Fee will be \$550.00</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |
|---|--|

| 10. OFFICERS AND DIRECTORS                     |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |  |
|--|---|---|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | P<br>FLEMING, JOHN M<br>70 EMERSON DR NW<br>PALM BAY, FL 32907 <input type="checkbox"/> Delete    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>317 Breckenridge Cir. SE<br/>Palm Bay, FL 32909</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VP<br>FLEMING, TAMMIE J<br>70 EMERSON DR NW<br>PALM BAY, FL 32907 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>317 Breckenridge Cir SE<br/>Palm Bay, FL 32909</b>  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>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:  **John M. Fleming** **4/20/06** **321-724-0890**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #