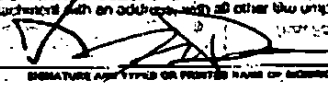


FILED
Jun 05, 2006 8:00 am
Secretary of State

04-28-2006 90190 043 ***150.00

2006 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P05000020113			
1. Filing Name THE FINISHING TOUCH BY JAMES, INC.			
Principal Place of Business 16555 HOLLOW TREE LANE WELLINGTON, FL 33470		Mailing Address 16555 HOLLOW TREE LANE WELLINGTON, FL 33470	
2. Principal Place of Business		3. Mailing Address	
Date, Apr. 9, etc.		Date, Apr. 9, etc.	
City & State		City & State	
Zip	Country	Zip	Country
		4. FEI Number 20-2294626	
		5. Certificate of Status During ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LONGO, JAMES 16555 HOLLOW TREE LANE WELLINGTON, FL 33470		7. Name and Address of New Registered Agent Name Mailing Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. This document is submitted for the purpose of changing its registered office or registered agent, or both, as the State of Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE Signature of agent or registered agent and fee of \$50.00 (SEE INSTRUCTIONS) (SEE INSTRUCTIONS)			
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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY, ST, ZIP	☐ Delete DPST LONGO, JAMES 16555 HOLLOW TREE LANE WELLINGTON, FL 33470	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
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
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
12. I hereby certify that the information supplied with this filing does not qualify for the exemption contained in Chapter 119, Florida Statutes. I further certify that the information submitted 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 incorporator thereof; unincorporated to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 of this report, or on an attachment with an address, with all other the unincorporated.			
SIGNATURE: 		James Longo K4124106 561-719 76006	