2007 FOR PROFIT CORPORATION ANNUAL REPORT

ANNUAL REPORT FILED Mar 26, 2007 08:00 AM **DOCUMENT # P05000020113 Secretary of State** THE FINISHING TOUCH BY JAMES, INC. Principal Place of Business Mailing Address 16555 HOLLOW TREE LANE 16555 HOLLOW TREE LANE WELLINGTON, FL 33470 WELLINGTON, FL 33470 03052007 CR2E034 (11/05) No Chg-P DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 20-2294626 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent LONGO, JAMES DO NOT WRITE 16555 HOLLOW TREE LANE WELLINGTON, FL 33470 IN THIS SPACE 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing U00000680387 \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. 4 04/03/07-80076-005 150.00 After May 1, 2007 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS DPST TITLE LONGO, JAMES NAME STREET ADDRESS 16555 HOLLOW TREE LANE CITY-ST-ZIP WELLINGTON, FL 33470 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

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.

CICMATIDE

STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

3-22-07