

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P06000047100 1. Entity Name FINAL TOUCH FLOORCOVERING, INC.				FILED 07 OCT 18 PM 12: 56 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 5140 QUINTILIS STREET SPRING HILL, FL 34608 US		Mailing Address 5140 QUINTILIS STREET SPRING HILL, FL 34608 US		 REINSTATEMENT 07032007 Chg-P CR2E034 (12/05)	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address 5457 Ayrshire Dr. Suite, Apt. #, etc.			
City & State Spring Hill, FL		City & State Spring Hill, FL			
Zip 34609 Country U.S.A		4. FEI Number 432113111			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Name and Address of Current Registered Agent TRAXLER, RONALD 5140 QUINTILIS STREET SPRING HILL, FL 34608			
7. Name and Address of New Registered Agent Name Ronald Traxler Street Address (P.O. Box Number is Not Acceptable) 5457 Ayrshire Dr. City Spring Hill FL Zip Code 34609		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P POMPA, LISA 5140 QUINTILIS STREET SPRING HILL, FL 34608	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	POMPA, LISA 5457 Ayrshire Dr. Spring Hill, FL 34609	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP TRAXLER, RONALD 5140 QUINTILIS STREET SPRING HILL, FL 34608	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRAXLER, RONALD 5457 Ayrshire Dr. Spring Hill, FL 34609	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<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: LISA POMPA <i>Lisa Pompa</i> 10/8/07 (352) 200-7847 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					