## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## Mar 27, 2007 08:00 AN **DOCUMENT # P92000014035 Secretary of State** 1. Entity Name THE FINISHING TOUCH OF BREVARD, INC. Principal Place of Business Mailing Address 3701 W MALORY CT 3701 W MALORY CT COCOA, FL 32926 COCOA FL 32926 CR2E034 (11/05) 02062007 No Cha-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3156596 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent LEWIS, BARBARA DO NOT WRITE 3701 W. MALORY CT COCOA, FL 32926 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 1 am familiar with, and accept the obligations of registered agent 1,00000680728 04/04/07-80012-010 8.75 Signature, typed or printed name of registered agent and title of applicable, (FIOTE Registered Agent signature required when reinstating) Um (m) 1680728 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 04/04/07-80012-011 150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TITLE LEWIS, ROY T -NAME STREET ADDRESS 3701 W. MALORY CT CITY-ST-ZIP COCOA, FL 32926 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE mr NAME STREET ADDRESS CITY-ST-7IE TITLE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP

12. Thereby certify that the information supplied with this filling 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 attactionent with \$\frac{1}{2}\$ address, with all other like empowered.

SIGNING OFFICER OR DIRECTOR

SIGNATURE:

FILED