

2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P93000056139						FILED 06 MAY 25 11:42 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
1. Entity Name FINE DETAILS INC.				Principal Place of Business 532 27TH STREET WEST PALM BEACH, FL 33407 US			
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country				3. Mailing Address 532 27TH STREET WEST PALM BEACH, FL 33407 US Suite, Apt. #, etc. City & State Zip Country			
4. FEI Number 65-0426115				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent STEFANSIC, BILL 532 27TH STREET WEST PALM BEACH, FL 33407				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>				300076154479 06/13/06--01037--007 **\$61.25 <small>(NOTE: Registered Agent signature required when reconstituting)</small>			
Amended AR is \$61.25				9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$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	V STEFANSIC, BILL 532 27TH STREET WEST PALM BEACH, FL 33407	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P STEFANSIC, JEANNE 532 27TH STREET WEST PALM BEACH, FL 33407	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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	DIRECTOR JACKIE MORRIS CHEN 264 SE EYERLY AVE PT. ST. LUCIE FLA 34983 <input type="checkbox"/> Change <input checked="" 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		
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		
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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: <i>William A Stefansic</i> WILLIAM A STEFANSIC				5/23/06 772 285 0216 <small>Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #</small>			