

**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P94000002196

**FILED  
Jul 24, 2006  
Secretary of State**

**Entity Name:** ANTHONY'S TOUCH OF CLASS, INC.

**Current Principal Place of Business:**

1355 MARKET CIRCLE  
PORT CHARLOTTE, FL 33949

**New Principal Place of Business:**

**Current Mailing Address:**

1355 MARKET CIRCLE  
PORT CHARLOTTE, FL 33949

**New Mailing Address:**

**FEI Number:** 65-0459678      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BERTUCCI, NANCY  
1355 MARKET CIRCLE  
PORT CHARLOTTE, FL 33983      US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.  
Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PDTS ( ) Delete  
Name: BERTUCCI, NANCY  
Address: 1355 MARKET CIRCLE  
City-St-Zip: PORT CHARLOTTE, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NANCY BERTUCCI

OWNE

07/24/2006

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date