2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 03, 2008
Secretary of State

DOCUMENT# P99000021187

Entity Name: THE FINAL TOUCH KITCHEN CABINETS, INC.

Current Principal Place of Business:

494 4TH PLACE SW
VERO BEACH, FL 32962

New Principal Place of Business:

Current Mailing Address:

494 4TH PLACE SW
VERO BEACH, FL 32962

New Mailing Address:

FEI Number: 65-0902261 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SPARKS, DAVID
494 4TH PLACE SW
VERO BEACH, FL 32962 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: VPD ( ) Delete
Name: SPARKS, DANIEL
Address: 494 4TH PLACE SW
City-St-Zip: VERO BEACH, FL 32962

Title: VP ( ) Delete
Name: SPARKS, MICHAEL
Address: 494 4TH PL SW
City-St-Zip: VERO BEACH, FL 32962

Title: VP ( ) Delete
Name: SPARKS, JAMES
Address: 494 4TH PLACE SW
City-St-Zip: VERO BEACH, FL 32962

Title: VP ( ) Delete
Name: SPARKS, THOMAS
Address: 494 4TH PLACE SW
City-St-Zip: VERO BEACH, FL 32962

Title: P ( ) Delete
Name: SPARKS, DAVID
Address: 494 4TH PL. S.W.
City-St-Zip: VERO BEACH, FL 32962

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify 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: DAVID SPARKS PRES 07/03/2008

Electronic Signature of Signing Officer or Director Date