

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L53896

Entity Name: TOUCH OF ITALY, INC.

FILED
Feb 18, 2009
Secretary of State

Current Principal Place of Business:

4198 SOUTH ATLANTIC AVENUE
NEW SMYRNA BEACH, FL 32169 US

New Principal Place of Business:

Current Mailing Address:

4198 SOUTH ATLANTIC AVENUE
NEW SMYRNA BEACH, FL 32169 US

New Mailing Address:

4198 SOUTH ATLANTIC AVENUE
NEW SMYRNA BEACH, FL 32169 US

FEI Number: 59-3001000

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHAW, KENNETH II
116 EAST TURGOT
EDGEWATER, FL 32141 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ZARBO, SALVATORE
Address: 4502 SOUTH ATLANTIC AVENUE
City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: S () Delete
Name: ZARBO, LOUISE
Address: 4502 SOUTH ATLANTIC AVENUE
City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: VP () Delete
Name: SHAW, KENNETH II
Address: 116 EAST TURGOT AVENUE
City-St-Zip: EDGEWATER, FL 32141

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:

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: SALVATORE ZARBO

P

02/18/2009

Electronic Signature of Signing Officer or Director

Date