


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 07, 2005 08:00 AM
Secretary of State

DOCUMENT # N02000009615
 1. Entity Name
 TOUCHING TOMORROW, INC.



Principal Place of Business
 2111 N. GOLFVIEW DRIVE
 PLANT CITY, FL 33567

Mailing Address
 2111 N. GOLFVIEW DRIVE
 PLANT CITY, FL 33567

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01052005 No Chg-NP CR2E037 (10/03)

4. FEI Number
 22-3890125

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
 GOLD, AARON J ESQ
 704 W BAY ST
 TAMPA, FL 33606-2706

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CLOSSHEY, JENNIFER E 2111 N GOLFVIEW DR PLANT CITY, FL 33566
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CLOSSHEY, CHARLEENE N 2111 N GOLFVIEW DR PLANT CITY, FL 33566
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CLOSSHEY, CHARLES P 2111 N GOLFVIEW DR PLANT CITY, FL 33566
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 617, 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:  **12/29/04** 813 719 0201

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #