


FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90704 004 ***158.75

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

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| DOCUMENT # P00000089924 |  |
| 1. Entity Name A Right Touch of Winter Park, Inc | |

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|---|---|
| 2. Principal Place of Business 325 S. Orlando Ave | 3. Mailing Address 325 S. Orlando Ave |
| Suite, Apt. #, etc. Ste #10 | Suite, Apt. #, etc. Ste #10 |
| City & State Winter Park FL | City & State Winter Park FL |
| Zip 32789 | Country USA |

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|--|--|
| 4. FEI Number 5993664404 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$8.75 Additional Fee Required |

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's signature required when re-registering) _____ DATE _____

| | |
|--|------------------------------------|
| 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | \$5.00 May Be Added to Fees |
|--|------------------------------------|

| 10. OFFICERS AND DIRECTORS | |
|--|--|
| TITLE PRESIDENT NAME PATRICIA AUSTIN STREET ADDRESS 4805 O'Keefe St. CITY-ST-ZIP Orlando, Florida 32808 | TITLE NAME STREET ADDRESS CITY-ST-ZIP |
| TITLE V. President NAME Anthony Holt STREET ADDRESS 4805 O'Keefe St. CITY-ST-ZIP Orlando FL 32808 | TITLE NAME STREET ADDRESS CITY-ST-ZIP |
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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 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like employed.

SIGNATURE: Patricia Austin Patricia Austin 4/29/2004

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____

CR2E034B (12/02)