2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

Apr 14, 2004 8:00 am DOCUMENT # P02000112432 **Secretary of State** 1. Entity Name 04-14-2004 90022 049 ***150.00 A TOUCH OF ENGLISH, INC Principal Place of Business Mailing Address 5082 WEST LAKE DRIVE 5082 WEST LAKE DRIVE 54032952 DEERFIELD FL 33442 DEERFIELD FL 33442 3. Mailing Address 1499 Running 2. Principal Place of Business Suite, Apt. #, etc. MOORE CR2E034 (11/03) City & State 4. FEI Number Applied For 06-1653026 Koual P Not Applicable Country ()SA Zip \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CHANNING, TRACY A MS Street Address (P.O. Box Number is Not Acceptable) **5082 WEST LAKE DRIVE DEERFIELD FL 33442** City Zip Code 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 **\$5.00** May Be 9. Election Campaign Financing After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. CHANNING TITLE ☐ Delete TITLE TRACY A MS Addition CHANNING, TRACY A MS NAME NAME 1499 Running Oak Lane STREET ADDRESS 5082 WEST LAKE DRIVE STREET ADDRESS DEERFIELD FL 33442 CITY-ST-ZIE CITY-ST-ZIP TILE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

FILED