# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Mar 13, 2007**
**Secretary of State**

DOCUMENT# P05000073513

**Entity Name:** GOLDEN TOUCH CONSTRUCTION, INC.

**Current Principal Place of Business:**

21310 BLACKSTONE LANDING DR
KISSIMMEE, FL 34758 US

**New Principal Place of Business:**

2359 ANDREWS VALLEY DR
KISSIMMEE, FL 34758 US

**Current Mailing Address:**

21310 BLACKSTONE LANDING DR
KISSIMMEE, FL 34758 US

**New Mailing Address:**

2359 ANDREWS VALLEY DR
KISSIMMEE, FL 34758 US

**FEI Number: 20-2843368** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

FAZAL, MOHAMED S
21310 BLACKSTONE LANDING DR
KISSIMMEE, FL 34758 US

**Name and Address of New Registered Agent:**

FAZAL, MOHAMED S
2359 ANDREWS VALLEY DR
KISSIMMEE, FL 34758 US

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: MOHAMED S FAZAL 03/13/2007
Electronic Signature of Registered Agent Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete
Name: FAZAL, MOHAMED S
Address: 21310 BLACKSTONE LANDING DR
City-St-Zip: KISSIMMEE, FL 34758 US

Title: VD ( ) Delete
Name: FAZAL, MOHAMED
Address: 21310 BLACKSTONE LANDING DR
City-St-Zip: KISSIMMEE, FL 34758 US

Title: ( ) Delete
Name:
Address:
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition
Name: FAZAL, MOHAMED S
Address: 2359 ANDREWS VALLEY DR
City-St-Zip: KISSIMMEE, FL 34758 US

Title: VD (X) Change ( ) Addition
Name: FAZAL, MOHAMED
Address: 2359 ANDREWS VALLEY DR
City-St-Zip: KISSIMMEE, FL 34758 US

Title: SD ( ) Change (X) Addition
Name: WATSON, ANDREW
Address: 2359 ANDREWS VALLEY DR
City-St-Zip: KISSIMMEE, FL 34758 US

I hereby certify that the information supplied with this filing does not qualify for the 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: MOHAMED S FAZAL PD 03/13/2007
Electronic Signature of Signing Officer or Director Date