

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000098937

FILED
May 24, 2010
Secretary of State

Entity Name: HEAVENLY TOUCH MAINTENANCE INC

Current Principal Place of Business:

3070 MICHIGAN AVE
C
KISSIMMEE, FL 34744

New Principal Place of Business:

Current Mailing Address:

PO BOX 771991
ORLANDO, FL 32824

New Mailing Address:

3070 MICHIGAN AVE
C
KISSIMMEE, FL 34744

FEI Number: 27-1437484

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CADET, GREGORY
3070 MICHIGAN AVE
C
KISSIMMEE, FL 34744 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P
Name: CADET, GREGORY
Address: 1431 CEDAR LAKE DRIVE
City-St-Zip: ORLANDO, FL 32824 US

Title: VP
Name: BAZILE, CHRISTINE
Address: 2079 ISLAND WALK DRIVE
City-St-Zip: ORLANDO, FL 32824 US

Title: T
Name: HYDE, GERALD
Address: 176 CABOT DRIVE
City-St-Zip: WINSTON SALEM, NC 27103 US

Title: S
Name: CELESTIN, BIANCA
Address: 4038 CASCADE ROAD
City-St-Zip: ATLANTA, GA 30331 US

Title: D
Name: DESERT, KEVIN
Address: 12059 FAMBRIIDGE RD
City-St-Zip: ORLANDO, FL 32824

I hereby 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 all other like empowered.

SIGNATURE: GREGORY CADET

P

05/24/2010

_____ Electronic Signature of Signing Officer or Director

_____ Date