


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 14, 2008 8:00 am**  
**Secretary of State**

01-14-2008 90111 031 \*\*\*150.00

<b>DOCUMENT # P00000006926</b> 1. Entity Name <b>GOLDEN TOUCH ENTERPRISES USA, INC.</b>					
Principal Place of Business <b>1949 KNOLLCREST DR CLERMONT, FL 34711</b>			Mailing Address <b>1949 KNOLLCREST DR CLERMONT, FL 34711</b>		
2. Principal Place of Business - No P.O. Box # <b>354 LAKE AMBERLEIGH DR</b>		3. Mailing Address <b>354 LAKE AMBERLEIGH DR</b>			
Suite, Apt. #, etc. —		Suite, Apt. #, etc. —			
City & State <b>WINTER GARDEN, FLORIDA</b>		City & State <b>WINTER GARDEN, FLORIDA</b>		4. FEI Number <b>65-0975588</b>	
Zip <b>34787</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>RAMCHARD, RAVI 1949 KNOLLCREST DR CLERMONT, FL 34711</b>		7. Name and Address of New Registered Agent Name <b>RAVI RAMCHAND</b> Street Address (P.O. Box Number is Not Acceptable) <b>354 LAKE AMBERLEIGH DRIVE</b> City <b>WINTER GARDEN</b> <b>FL</b> Zip Code <b>34787</b>			
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 <u><i>R. Ramchand</i></u> <b>RAVI RAMCHAND</b> <span style="float: right;"><b>1-9-08</b></span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD RAMCHAND, MR. B</b> <input type="checkbox"/> Delete <b>508 S. MILITARY TRAIL DEERFIELD BEACH, FL 33442</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>O RAMCHARD, RAVI</b> <input type="checkbox"/> Delete <b>1949 KNOLLCREST DR CLERMONT, FL 34711</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.					
<b>SIGNATURE: <u><i>R. Ramchand</i></u> <b>RAVI RAMCHAND</b></b>			<b>1-9-08</b>		<b>407-492-4633</b>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date</small>		<small>Daytime Phone #</small>