2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 05, 2004
Secretary of State

DOCUMENT# F01000000455

Entity Name: WORLD TOUCH INTERACTIVE, INC.

Current Principal Place of Business:

193 SHADY LANE
STATELINE, NV 89449

New Principal Place of Business:

Current Mailing Address:

PO BOX 2192
STATELINE, NV 89449

New Mailing Address:

FEI Number: 88-0480218 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BELL, JOHN
2149 MCGREGOR BLVD., STE 2
FT MYERS, FL 33901 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	PD	( ) Delete
Name:	SIMON, TODD H	
Address:	PO BOX 2192/ 193 SHADY LANE	
City-St-Zip:	STATELINE, NV 89449	
Title:	VP	( ) Delete
Name:	BELL, JOHN	
Address:	2149 MCGREGOR BLVD, STE 2	
City-St-Zip:	FORT MYERS, FL 33901	
Title:	T	( ) Delete
Name:	BELL, JIM	
Address:	2149 MCGREGOR BLVD, STE 2	
City-St-Zip:	FORT MYERS, FL 33901	
Title:	S	( ) Delete
Name:	SIMON, PATTI	
Address:	PO BOX 2192/193 SHADY LANE	
City-St-Zip:	STATELINE, NV 89449	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the 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 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: TODD H SIMON PD 01/05/2004

Electronic Signature of Signing Officer or Director — Date