

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000000455

FILED  
Apr 25, 2011  
Secretary of State

**Entity Name:** WORLD TOUCH INTERACTIVE, INC.

**Current Principal Place of Business:**

569 BUCHANAN RD/BX 2192  
STATELINE, NV 89449

**New Principal Place of Business:**

253 SO. MARTIN-ZEPHYRCOVE/BX 2192  
STATELINE, NV 89449

**Current Mailing Address:**

P.O. 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

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: SIMON, TODD H  
Address: P.O. BOX 2192  
City-St-Zip: STATELINE, NV 89449

Title: VP  
Name: BELL, JOHN  
Address: 2149 MCGREGOR BLVD, STE 2  
City-St-Zip: FORT MYERS, FL 33901

Title: T  
Name: BELL, JIM  
Address: 2149 MCGREGOR BLVD, STE 2  
City-St-Zip: FORT MYERS, FL 33901

Title: VP  
Name: SIMON, PATRICIA  
Address: P.O. BOX 2192  
City-St-Zip: STATELINE, NV 89449

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: TODD H SIMON

PRES

04/25/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date