


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 13, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # K52730**  
 1. Entity Name  
**HEALTH TOUCH INC.**



Principal Place of Business  
**C/O STEPHANIE PRESTI PA  
 P.O. BOX 273233  
 TAMPA, FL 33688-3233 US**

Mailing Address  
**C/O STEPHANIE PRESTI PA  
 P.O. BOX 273233  
 TAMPA, FL 33688-3233 US**



**DO NOT WRITE IN THIS SPACE**

07072005 No Chg-P CR2E034 (10/03)

4. FEI Number  
**59-2921940** Applied For  
 Not Applicable



5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**PRESTI, STEPHANIE  
 4118 BRENTWOOD PARK CIRCLE  
 TAMPA, FL 33624**

**DO NOT WRITE IN THIS SPACE**

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  DATE 

Signature, typed or printed name of registered agent and business applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00  
 Due by September 7, 2005**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

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

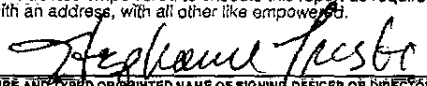
10. OFFICERS AND DIRECTORS

TITLE	D
NAME	PRESTI, STEPHANIE L
STREET ADDRESS	4917 ERLICH RD.
CITY-ST-ZIP	TAMPA, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000372467  
 07/13/05-80002-004 150.00

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(j), 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 empowerments.

SIGNATURE:  7/11/05 (513) 961-4900

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #