

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K52730

Entity Name: HEALTH TOUCH INC.

FILED
Feb 20, 2009
Secretary of State

Current Principal Place of Business:

C/O STEPHANIE PRESTI PA
P.O. BOX 273233
TAMPA, FL 336883233 US

New Principal Place of Business:

4118 BRENTWOOD PARK CR
TAMPA, FL 33624 US

Current Mailing Address:

C/O STEPHANIE PRESTI PA
P.O. BOX 273233
TAMPA, FL 336883233 US

New Mailing Address:

PO BOX 273233
TAMPA, FL 336883233 US

FEI Number: 59-2921940

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PRESTI, STEPHANIE
4118 BRENTWOOD PARK CIRCLE
TAMPA, FL 33624 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: D () Delete
Name: PRESTI, STEPHANIE L
Address: 4917 ERLICH RD.
City-St-Zip: TAMPA, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: STEPHANIE PRESTI

PRES

02/20/2009

_____ Electronic Signature of Signing Officer or Director

_____ Date