

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K52730

FILED  
Apr 09, 2010  
Secretary of State

Entity Name: HEALTH TOUCH INC.

**Current Principal Place of Business:**

4118 BRENTWOOD PARK CR  
TAMPA, FL 33624 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 273233  
TAMPA, FL 336883233 US

**New Mailing Address:**

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  
Name: PRESTI, STEPHANIE L  
Address: 4917 ERLICH RD.  
City-St-Zip: TAMPA, FL

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: STEPHANIE PRESTI

PRES

04/09/2010

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

\_\_\_\_\_ Date