
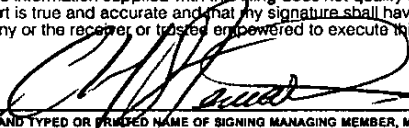


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 31, 2006 8:00 am
Secretary of State

03-31-2006 90181 020 ****50.00

| | | | | | |
|--|---|--|---|---|---|
| DOCUMENT # L05000018592 1. Entity Name SPECIAL TOUCH AGENCY, LLC | | | |  | |
| Principal Place of Business 4200 NORTH WEST 16TH STREET PENTHOUSE LAUDERHILL, FL 33313 US | | | Mailing Address 139 SPARROW DRIVE UNIT 2E ROYAL PALM BEACH, FL 33411 US | | |
| 2. Principal Place of Business 4816 W. Commercial Blvd | | 3. Mailing Address Same | | | |
| Suite, Apt. #, etc. Suite A | | Suite, Apt. #, etc. | | | |
| City & State Tamara, FL | | City & State | | | |
| Zip 33319 | | Country | | Zip | |
| Country | | Country | | 4. FEI Number 84-1670065 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | Applied For Not Applicable | | | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | | | | | |
| 6. Name and Address of Current Registered Agent WOODARD, AWELEWA 139 SPARROW DRIVE UNIT 2E ROYAL PALM BEACH, FL 33411 | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div> | | |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | | | |
| Filing Fee is \$50.00 Due by May 1, 2006 | | Make check payable to Florida Department of State | | | |
| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR WOODARD, AWELEWA L 139 SPARROW DRIVE APT 2E ROYAL PALM BEACH, FL 33411 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM Woodard-Dixon, Awelewa L. Same address |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR STEWART, CAROL 6971 NORTHWEST 84TH STREET TAMARAC, FL 33321 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM Stewart, Carol Same address |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. | | | | | |
| SIGNATURE:  HGRM 3/28/06 (954) 695 3220 | | | | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE | | | | | |