2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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Apr 15, 2008 8:00 am
Secretary of State
02-21-2008 90068 042 ***143.75

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02122008 Chg-LLC CR2E083 (12/06)

DOCUMENT # L07000119405

1. Entity Name
GIFTED TOUCH, LLC.

Principal Place of Business	Mailing Address
200 ST. ANDREWS BLVD #1202 WINTER PARK, FL 32792 US	200 ST. ANDREWS BLVD #1202 WINTER PARK, FL 32792 US

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
2035 Glenwood Dr	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Winter Park, FL	City & State
Zip: 32792 Country	Zip Country

4. FEI Number: 30-0463952 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
MOSES, KRISSY A
200 ST. ANDREWS BLVD
#1202
WINTER PARK, FL 32792

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 ______ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MANAGING MEMBER KRISSY MOSES 200 St Andrews Blvd #1202, Winter Park, FL 32792 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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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: K. Moses KRISSY MOSES 2/17/08 407-399-4764
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #