2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2005
Secretary of State

DOCUMENT# N00000000990

Entity Name: GOLDEN TOUCH LIVING CARE, INC.

Current Principal Place of Business:

5487 GATE LAKE RD
TAMARAC, FL 33319

New Principal Place of Business:

Current Mailing Address:

5487 GATE LAKE RD
TAMARAC, FL 33319

New Mailing Address:

FEI Number: 65-1023476 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

FORD, DONNA
5487 GATE LAKE RD
TAMARAC, FL 33319 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

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: FORD, DONNA
Address: 5487 GATE LAKE RD
City-St-Zip: TAMARAC, FL 33319

Title: VD ( ) Delete
Name: GORDON, DONOVAN
Address: 5487 GATE LAKE RD
City-St-Zip: TAMARAC, FL 33319

Title: SD ( ) Delete
Name: THOMAS, GWENDOLYN
Address: 5487 GATE LAKE RD
City-St-Zip: TAMARAC, FL 33319

Title: TD ( ) Delete
Name: GORDON, DONVAN
Address: 5487 GATE LAKE RD
City-St-Zip: TAMARAC, FL 33319

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DONNA FORD PD 05/01/2005
Electronic Signature of Signing Officer or Director — Date