

# 2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

|                                                                                                                                                                                                                                      |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                          |                                                                                                                                                      |  |
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| <b>DOCUMENT # N02000007478</b>                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                          |                                                                                                                                                      |  |
| <b>1. Entity Name</b><br>TONI'S TOUCH, INC                                                                                                                                                                                           |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                          |                                                                                                                                                      |  |
| <b>Principal Place of Business</b><br>306 N TAMPA AVE<br>BLDG 2<br>ORLANDO, FL 32805 US                                                                                                                                              |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>Mailing Address</b><br>2506 MARTINWOOD DRIVE<br>ORLANDO, FL 32808 US                                                  |                                                                                                                                                      |  |
| <b>2. Principal Place of Business - No P.O. Box #</b><br>Suite, Apt. #, etc.                                                                                                                                                         |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>3. Mailing Address</b><br>Suite, Apt. #, etc.                                                                         |                                                                                                                                                      |  |
| <b>City &amp; State</b>                                                                                                                                                                                                              |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>City &amp; State</b>                                                                                                  |                                                                                                                                                      |  |
| <b>Zip</b>                                                                                                                                                                                                                           |  | <b>Country</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                          | <b>Zip</b>                                                                                                                                           |  |
| <b>Country</b>                                                                                                                                                                                                                       |  | <b>Country</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                          | <b>4. FEI Number</b><br>51-0423003                                                                                                                   |  |
| <b>5. Certificate of Status Desired</b> <input type="checkbox"/>                                                                                                                                                                     |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                          | <b>\$8.75 Additional Fee Required</b>                                                                                                                |  |
| <b>6. Name and Address of Current Registered Agent</b><br>WILSON, ANTOINETTE O<br>2506 MARTINWOOD DRIVE<br>ORLANDO, FL 32808                                                                                                         |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>7. Name and Address of New Registered Agent</b><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City |                                                                                                                                                      |  |
| FL                                                                                                                                                                                                                                   |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Zip Code                                                                                                                 |                                                                                                                                                      |  |
| <b>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.</b> |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                          |                                                                                                                                                      |  |
| <b>SIGNATURE</b> _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>                                               |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                          |                                                                                                                                                      |  |
| <b>Amended AR is \$61.25</b>                                                                                                                                                                                                         |  | <b>9. Election Campaign Financing</b> <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                          | <b>\$5.00 May Be Added to Fees</b>                                                                                                                   |  |
| <b>Make check payable to Florida Department of State</b>                                                                                                                                                                             |  | <b>10. OFFICERS AND DIRECTORS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                          |                                                                                                                                                      |  |
| <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>                                                                                                                                                                         |  | <b>12. 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 or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.</b> |                                                                                                                          |                                                                                                                                                      |  |
| <b>TITLE</b><br>D<br><b>NAME</b><br>MARTIN-JONES, ANITA MS.<br><b>STREET ADDRESS</b><br>1431 OAK SPRINGS PLACE<br><b>CITY-ST-ZIP</b><br>LAKE MARY, FL 32746                                                                          |  | <input type="checkbox"/> Delete                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                          | <b>TITLE</b><br>D<br><b>NAME</b><br>RIDGEE-JASMIN, GUERLINE<br><b>STREET ADDRESS</b><br>141 COSTA LOOP<br><b>CITY-ST-ZIP</b><br>AUBURNDALE, FL 33823 |  |
| <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                                                                    |  | <input type="checkbox"/> Delete                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                          | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition                                                                         |  |
| <b>TITLE</b><br>D<br><b>NAME</b><br>LEE-WELCH, SHIRLEY M<br><b>STREET ADDRESS</b><br>3018 PEMBROOK DRIVE<br><b>CITY-ST-ZIP</b><br>ORLANDO, FL 32810                                                                                  |  | <input type="checkbox"/> Delete                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                          | <b>TITLE</b><br>D<br><b>NAME</b><br>KATR STEPHENS, KATRINA<br><b>STREET ADDRESS</b><br>3027 MCKINLEY LANE<br><b>CITY-ST-ZIP</b><br>SANFORD, FL 32771 |  |
| <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                                                                    |  | <input checked="" type="checkbox"/> Delete                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                    |  |
| <b>TITLE</b><br>D<br><b>NAME</b><br>BARGE, LYNNE<br><b>STREET ADDRESS</b><br>750 POST LAKE PLACE #112<br><b>CITY-ST-ZIP</b><br>APOPKA, FL 32703                                                                                      |  | <input type="checkbox"/> Delete                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                          | <b>TITLE</b><br>D<br><b>NAME</b><br>SEBALLO, YVONNE<br><b>STREET ADDRESS</b><br>3517 SALT LAKE COURT<br><b>CITY-ST-ZIP</b><br>ORLANDO, FL 32810      |  |
| <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                                                                    |  | <input type="checkbox"/> Delete                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                    |  |
| <b>TITLE</b><br>D<br><b>NAME</b><br>TOMPKINS, ROCHELLE<br><b>STREET ADDRESS</b><br>3008 MESSINA AVENUE<br><b>CITY-ST-ZIP</b><br>ORLANDO, FL 32811                                                                                    |  | <input type="checkbox"/> Delete                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                          | <b>TITLE</b><br>D<br><b>NAME</b><br>SEBALLO, YVONNE<br><b>STREET ADDRESS</b><br>3517 SALT LAKE COURT<br><b>CITY-ST-ZIP</b><br>ORLANDO, FL 32810      |  |
| <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                                                                    |  | <input type="checkbox"/> Delete                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                    |  |
| <b>TITLE</b><br>D<br><b>NAME</b><br>SEBALLO, YVONNE<br><b>STREET ADDRESS</b><br>3517 SALT LAKE COURT<br><b>CITY-ST-ZIP</b><br>ORLANDO, FL 32810                                                                                      |  | <input type="checkbox"/> Delete                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                          | <b>TITLE</b><br>D<br><b>NAME</b><br>SEBALLO, YVONNE<br><b>STREET ADDRESS</b><br>3517 SALT LAKE COURT<br><b>CITY-ST-ZIP</b><br>ORLANDO, FL 32810      |  |
| <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                                                                    |  | <input type="checkbox"/> Delete                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                    |  |

FILED

07 OCT -1 PM 3: 00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



09282007 Chg-NP CR2E037 (12/06)

4. FEI Number 51-0423003 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

Amended AR is \$61.25

9. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

Make check payable to Florida Department of State

## 10. OFFICERS AND DIRECTORS

|                |                          |                                            |
|----------------|--------------------------|--------------------------------------------|
| TITLE          | D                        | <input type="checkbox"/> Delete            |
| NAME           | MARTIN-JONES, ANITA MS.  |                                            |
| STREET ADDRESS | 1431 OAK SPRINGS PLACE   |                                            |
| CITY-ST-ZIP    | LAKE MARY, FL 32746      |                                            |
| TITLE          | D                        | <input type="checkbox"/> Delete            |
| NAME           | LEE-WELCH, SHIRLEY M     |                                            |
| STREET ADDRESS | 3018 PEMBROOK DRIVE      |                                            |
| CITY-ST-ZIP    | ORLANDO, FL 32810        |                                            |
| TITLE          | D                        | <input checked="" type="checkbox"/> Delete |
| NAME           | STEPHENS, KATRINA        |                                            |
| STREET ADDRESS | 3027 TRUMAN STREET       |                                            |
| CITY-ST-ZIP    | SANFORD, FL 32771        |                                            |
| TITLE          | D                        | <input type="checkbox"/> Delete            |
| NAME           | BARGE, LYNNE             |                                            |
| STREET ADDRESS | 750 POST LAKE PLACE #112 |                                            |
| CITY-ST-ZIP    | APOPKA, FL 32703         |                                            |
| TITLE          | D                        | <input type="checkbox"/> Delete            |
| NAME           | TOMPKINS, ROCHELLE       |                                            |
| STREET ADDRESS | 3008 MESSINA AVENUE      |                                            |
| CITY-ST-ZIP    | ORLANDO, FL 32811        |                                            |
| TITLE          | D                        | <input type="checkbox"/> Delete            |
| NAME           | SEBALLO, YVONNE          |                                            |
| STREET ADDRESS | 3517 SALT LAKE COURT     |                                            |
| CITY-ST-ZIP    | ORLANDO, FL 32810        |                                            |

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                |                         |                                                                              |
|----------------|-------------------------|------------------------------------------------------------------------------|
| TITLE          |                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                         |                                                                              |
| STREET ADDRESS |                         |                                                                              |
| CITY-ST-ZIP    |                         |                                                                              |
| TITLE          |                         | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | RIDGEE-JASMIN, GUERLINE |                                                                              |
| STREET ADDRESS | 141 COSTA LOOP          |                                                                              |
| CITY-ST-ZIP    | AUBURNDALE, FL 33823    |                                                                              |
| TITLE          |                         | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | KATR STEPHENS, KATRINA  |                                                                              |
| STREET ADDRESS | 3027 MCKINLEY LANE      |                                                                              |
| CITY-ST-ZIP    | SANFORD, FL 32771       |                                                                              |
| TITLE          |                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                         |                                                                              |
| STREET ADDRESS |                         |                                                                              |
| CITY-ST-ZIP    |                         |                                                                              |
| TITLE          |                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                         |                                                                              |
| STREET ADDRESS |                         |                                                                              |
| CITY-ST-ZIP    |                         |                                                                              |
| TITLE          |                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                         |                                                                              |
| STREET ADDRESS |                         |                                                                              |
| CITY-ST-ZIP    |                         |                                                                              |

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10/04/07--01040--001 \*\*61.25

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Day/Mo/Phone #