2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 24, 2008 8:00 am Secretary of State

DOCUMENT # N0200007478 1. Entity Name TONI'S TOUCH, INC									04-24-200		004 ****7	'0.00
Principal Place of Business 306 N TAMPA AVE BLDG 2 ORLANDO, FL 32805 US				Mailing Address 2506 MARTINWOOD DRIVE ORLANDO, FL 32808 US					BRUR JIEN SRIV EKIN	i e e ili e e ili e e e ili	1 70 11 810 11 1 030 1 11	1) E 01 150
2. Principal Place of Business - No P.O. Box #			3. Mailing Address									
Suite, Apt. #, etc.			Suite, Apt. #, etc.				04142008	Chg-NP	CR2E	037 (12/06)		
City & State			City & State					4. FEI Number 51-042				pplied For ot Applicable
Zip Country		Zíp Cou			intry		5. Certificate of Status Desired \$8.75 Additional Fee Required					
	6. Name	and Address of Current	Registered	Agent				7. Name and	Address of Ne	w Registere	d Agent	
	****					Name			-			
WILSON, ANTOINETTE O 2506 MARTINWOOD DRIVE ORLANDO, FL 32808				Stre			dress (P.O. Box Number is Not Acceptable)					
						City	•				■ Zip Coo	te .
										F	L	
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, hyped or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)												
	Signature, typed	or printed name or registered agen	t and title if applic	CADIO. (NOTE	: Hegistere	d Agent signature	e required	when reinstating?		DATE		
	Filing Fe	e is \$61.25 lay 1, 2008		9. Election Carr Trust Fund C	paign F ontribut	inancing		\$5.00 May B Added to Fees	F	iorida Dep	ck payable t artment of S	tate
10.	Filing Fe Due by N	e is \$61.25		9. Election Carr	paign F	inancing		\$5.00 May B Added to Fees	e F	iorida Dep	artment of S	N 10
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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.

SIGNATURE: Lower with william (Antoinette Wilson) 4/14/2