2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000007478

Entity Name: TONI'S TOUCH, INC

FILED Apr 15, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 306 N TAMPA AVE BLDG 2 ORLANDO, FL 32805 US **New Mailing Address: Current Mailing Address:** 2506 MARTINWOOD DRIVE ORLANDO, FL 32808 FEI Number: 51-0423003 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: WILSON, ANTOINETTE O 2506 MARTINWOOD DRIVE ORLANDO, FL 32808 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change () Addition () Delete MARTIN-JONES, ANITA MS. TOMPKINS, ROCHELLE Name: Name: 1431 OAK SPRINGS PLACE Address: 5321 BOTANY COURT Address: City-St-Zip: LAKE MARY, FL 32746 City-St-Zip: ORLANDO, FL 32811 Title: Title: (X) Change () Addition () Delete LEE-WELCH, SHIRLEY M Name: LEE-WELCH, SHIRLEY M Name: Address: 3018 PEMBROOK DRIVE Address: 3018 PEMBROOK DRIVE City-St-Zip: ORLANDO, FL 32810 City-St-Zip: ORLANDO, FL 32810 Title: () Delete Title: () Change () Addition STEPHENS, KATRINA Name: Name: Address: 3027 MCKINLEY LANE Address: City-St-Zip: SANFORD, FL 32771 City-St-Zip: Title: () Delete Title: () Change () Addition Name: BARGE, LYNNE Name: 750 POST LAKE PLACE #112 Address: Address: City-St-Zip: APOPKA, FL 32703 City-St-Zip: Title: () Delete Title: (X) Change () Addition TOMPKINS, ROCHELLE MARTIN-JONES, ANITA Name: Name: 3008 MESSINA AVENUE 205 SATSUMA DRIVE Address: Address: City-St-Zip: ORLANDO, FL 32811 City-St-Zip: SANFORD, FL 32771 Title: () Delete Title: () Change () Addition SEBALLO, YVONNE Name: Name: Address: 3517 SALTLAKE COURT Address: ORLANDO, FL 32810 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: ANTOINETTE WILSON CEO 04/15/2009