2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 09, 2006 08:00 AM
Secretary of State

DOCUMENT # N03000001846

1. Entity Name

THE MASTER'S TOUCH, INC.

Principal Place of Business	Mailing Address
3098 LAMPLIGHTER DR. SARASOTA FL 34234 US	3098 LAMPLIGHTER DR. SARASOTA FL 34234 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

1st MOORE CR2E037 (10/05)

4. FEI Number 27-0103611 — Applied For / Not Applicable

5. Certificate of Status Desired — $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

JONES-BAZE, KATHLEEN REV.
3098 LAMPLIGHTER DR.
SARASOTA FL 34234

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 resigning) DATE

FILE NOW: FEE IS $61.25
Due By May 1, 2006

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D	☐ Delete	TITLE	☐ Change ☐ Add
NAME	JONES-BAZE, KATHLEEN REV.		NAME	U00000428236
STREET ADDRESS	3098 LAMPLIGHTER DR.		STREET ADDRESS	02/21/06-80039-023 70.00
CITY-ST-ZIP	SARASOTA, FLORIDA FL 34234		CITY-ST-ZIP	
TITLE	VD	☐ Delete	TITLE	☐ Change ☐ Add
NAME	JONES, H G		NAME	
STREET ADDRESS	1250 W PIONEER PKWY #2301		STREET ADDRESS	
CITY-ST-ZIP	ARLINGTON TX 76013		CITY-ST-ZIP	
TITLE	STD	☐ Delete	TITLE	☐ Change ☐ Add
NAME	CLARK, DANIELLE		NAME	
STREET ADDRESS	2280 ARLINGTON ST		STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34239		CITY-ST-ZIP	
TITLE	D	☐ Delete	TITLE	☐ Change ☐ Add
NAME	THOMPSON, BARBARA		NAME	
STREET ADDRESS	5816 HELICON 5816		STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34238		CITY-ST-ZIP	
TITLE	D	☐ Delete	TITLE	☐ Change ☐ Add
NAME	SCHWARTZ, PATRICIA		NAME	
STREET ADDRESS	1032 ALBRITTON		STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34232		CITY-ST-ZIP	
TITLE	D	☐ Delete	TITLE	☐ Change ☐ Add
NAME	O'CARROLL, SUSAN		NAME	
STREET ADDRESS	4518 FALCON RIDGE		STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34233		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Kathleen Jones Baze / Rev. KATHLEEN JONES-BAZE