2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 18, 2008
Secretary of State

DOCUMENT# N03000001846

Entity Name: THE MASTER'S TOUCH, INC.

Current Principal Place of Business:

3098 LAMPLIGHTER DR.
SARASOTA, FL 34234 US

New Principal Place of Business:

Current Mailing Address:

3098 LAMPLIGHTER DR.
SARASOTA, FL 34234 US

New Mailing Address:

FEI Number: 27-0103611 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
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:

JONES-BAZE, KATHLEEN REV.
3098 LAMPLIGHTER DR.
SARASOTA, FL 34234 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:	D	( ) Delete
Name:	JONES-BAZE, KATHLEEN REV.	
Address:	3098 LAMPLIGHTER DR.	
City-St-Zip:	SARASOTA, FLORIDA, FL 34234 US	
Title:	VD	( ) Delete
Name:	JONES, H G	
Address:	1250 W PIONEER PKWY #2301	
City-St-Zip:	ARLINGTON, TX 76013 US	
Title:	STD	( ) Delete
Name:	CLARK, DANIELLE	
Address:	2280 ARLINGTON ST	
City-St-Zip:	SARASOTA, FL 34239 US	
Title:	D	( ) Delete
Name:	THOMPSON, BARBARA	
Address:	5816 HELICON 5816	
City-St-Zip:	SARASOTA, FL 34238	
Title:	D	( ) Delete
Name:	SCHWARTZ, PATRICIA	
Address:	1032 ALBRITTON	
City-St-Zip:	SARASOTA, FL 34232	
Title:	D	( ) Delete
Name:	O'CARROLL, SUSAN	
Address:	4518 FALCON RIDGE	
City-St-Zip:	SARASOTA, FL 34233	

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:	
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 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: KATHLEEN JONES-BAZE E. D 08/18/2008

Electronic Signature of Signing Officer or Director — Date