

**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 29, 2005  
Secretary of State**

DOCUMENT# N03000008461

Entity Name: TOUCH YOUR WORLD, INC.

**Current Principal Place of Business:**

200 COLONIAL CENTER PARKWAY  
SUITE 300  
LAKE MARY, FL 32746 US

**New Principal Place of Business:**

**Current Mailing Address:**

200 COLONIAL CENTER PARKWAY  
SUITE 300  
LAKE MARY, FL 32746 US

**New Mailing Address:**

FEI Number: 84-1628526      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

MELNIK, DAVIS S  
200 COLONIAL CENTER PARKWAY  
SUITE 300  
LAKE MARY, FL 32746 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: PD ( ) Delete  
Name: MELNIK, DAVID S  
Address: 200 COLONIAL CNTR PARKWAY, STE 300  
City-St-Zip: LAKE MARY, FL 32746 US

Title: D ( ) Delete  
Name: MELNIK, CINDY  
Address: 200 COLONIAL CNTR PARKWAY, STE 300  
City-St-Zip: LAKE MARY, FL 32746 US

Title: D ( ) Delete  
Name: LINDBERG, ANDERS  
Address: 200 COLONIAL CNTR PARKWAY, STE 300  
City-St-Zip: LAKE MARY, FL 32746 US

**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:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: DAVID S MELNIK

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04/29/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date