


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2006 8:00 am
Secretary of State

01-09-2006 90033 050 ****70.00

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1. Entity Name
 TOUCH YOUR WORLD, INC.



Principal Place of Business
 200 COLONIAL CENTER PARKWAY
 SUITE 300
 LAKE MARY, FL 32746 US

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

40000251



2. Principal Place of Business
 1515 International Parkway
 Suite, Apt. #, etc.
 2025

3. Mailing Address
 1515 International Parkway
 Suite, Apt. #, etc.
 2025

01032006 Chg-NP CR2E037 (11/05)

City & State
 Lake Mary Florida

City & State
 Lake Mary Florida

4. FEI Number
 84-1628526

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
 MELNIK, DAVIS S
 200 COLONIAL CENTER PARKWAY
 SUITE 300
 LAKE MARY, FL 32746

7. Name and Address of New Registered Agent
 Name
 Melnik, David S
 Street Address (P.O. Box Number is Not Acceptable)
 1515 International Parkway
 Suite 2025
 City
 Lake Mary FL Zip Code
 32746

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing 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 PD	MELNIK, DAVID S <input type="checkbox"/> Delete	TITLE 90	Melnik, David S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MELNIK, DAVID S	NAME	Melnik, David S
STREET ADDRESS	200 COLONIAL CNTR PARKWAY, STE 300	STREET ADDRESS	1515 International Parkway Suite 2025
CITY-ST-ZIP	LAKE MARY, FL 32746	CITY-ST-ZIP	Lake Mary FL 32746
TITLE D	MELNIK, CINDY <input type="checkbox"/> Delete	TITLE 0	Melnik, Cindy <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MELNIK, CINDY	NAME	Melnik, Cindy
STREET ADDRESS	200 COLONIAL CNTR PARKWAY, STE 300	STREET ADDRESS	1515 International Parkway Suite 2025
CITY-ST-ZIP	LAKE MARY, FL 32746	CITY-ST-ZIP	Lake Mary FL 32746
TITLE D	LINDBERG, ANDERS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LINDBERG, ANDERS	NAME	
STREET ADDRESS	200 COLONIAL CNTR PARKWAY, STE 300	STREET ADDRESS	
CITY-ST-ZIP	LAKE MARY, FL 32746	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: _____ **1/4/06** **407.513-4136**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #