

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000005698

FILED
May 20, 2008
Secretary of State

Entity Name: PROJECT TOUCH INC.

Current Principal Place of Business:

3541 SW 144TH AVE
MIRAMAR, FL 32027

New Principal Place of Business:

Current Mailing Address:

P.O.BOX 278422
MIRAMAR, FL 32027

New Mailing Address:

FEI Number: 65-1108058 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:

Name and Address of New Registered Agent:

PARRISH, SHERRON
3541 SW 144TH AVE
MIRAMAR, FL 33027 US

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: DP () Delete
Name: PARRISH, SHERRON
Address: 3541 SW 144 AVE
City-St-Zip: MIRAMAR, FL 32027

Title: DV () Delete
Name: SCOTT, ELIZABETH
Address: 2001 NW 191 ST
City-St-Zip: MIAMI, FL 33056

Title: DS () Delete
Name: BISHOP, LORITTA
Address: 3541 SW 144 AVE
City-St-Zip: MIRAMAR, FL 33027

Title: TD () Delete
Name: PARRISH, CARL
Address: 3541 NW 191 ST
City-St-Zip: MIRAMAR, FL 33027

Title: D () Delete
Name: PERKINS, MARY
Address: 2001 NW 191 ST
City-St-Zip: MIAMI, FL 33056

Title: D () Delete
Name: MITCHELL, ROYANNE
Address: 3541 NW 191 ST
City-St-Zip: MIAMI, FL 33056

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DV (X) Change () Addition
Name: BISHOP, LORITTA
Address: 3541 SW 144 AVE
City-St-Zip: MIRAMAR, FL 33027

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: DR. SHERRON PARRISH

PD

05/20/2008

Electronic Signature of Signing Officer or Director

Date