

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000004674

FILED
Apr 30, 2008
Secretary of State

Entity Name: TOUCHING KIDS LIVES, CORP.

Current Principal Place of Business:

717 PONCE DE LEON BLVD STE #205
MIAMI, FL 33134

New Principal Place of Business:

717 PONCE DE LEON BLVD STE #228
MIAMI, FL 33134

Current Mailing Address:

717 PONCE DE LEON BLVD STE #205
MIAMI, FL 33134

New Mailing Address:

717 PONCE DE LEON BLVD STE #228
MIAMI, FL 33134

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

Name and Address of Current Registered Agent:

CASTANEDAS, FERMIN I REV.
717 PONCE DE LEON BLVD STE #205
MIAMI, FL 33134 US

Name and Address of New Registered Agent:

CASTANEDAS, FERMIN I REV.
717 PONCE DE LEON BLVD STE #228
MIAMI, FL 33134 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: REV. FERMIN I. CASTANEDAS

04/30/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: CASTANEDAS, FERMIN I REV.
Address: 717 PONCE DE LEON BLVD STE #205
City-St-Zip: MIAMI, FL 33134

Title: V () Delete
Name: PEREZ, MAYRA DR.
Address: 6135 SW 34TH ST
City-St-Zip: MIAMI, FL 33155

Title: T () Delete
Name: RAMOS, BARBARA
Address: 255 SW 11 ST
City-St-Zip: MIAMI, FL 33130

Title: S () Delete
Name: PEREZ, ALLAN
Address: 255 SW 11 ST
City-St-Zip: MIAMI, FL 33130

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: CASTANEDAS, FERMIN I REV.
Address: 717 PONCE DE LEON BLVD STE #228
City-St-Zip: MIAMI, FL 33134

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: REV. FERMIN I. CASTANEDAS

PD

04/30/2008

Electronic Signature of Signing Officer or Director

Date