

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000000673

FILED  
Mar 28, 2007  
Secretary of State

Entity Name: TOUCHED LIVES, INC.

## Current Principal Place of Business:

200 BEACH D - NE  
#12A  
SAINT PETERSBURG, FL 33731

## New Principal Place of Business:

200 BEACH D - NE  
#13  
SAINT PETERSBURG, FL 33731

## Current Mailing Address:

P O BOX 3991  
SAINT PETERSBURG, FL 337313991

## New Mailing Address:

FEI Number: 59-3223868      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BIBLE, ROBERT W JR.  
4600 W. CYPRESS ST.  
SUITE 500  
TAMPA, FL 33607 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: DP ( ) Delete  
Name: RUTH, DAVID A  
Address: 736 17TH AVE NE  
City-St-Zip: ST. PETERSBURG, FL 33704

Title: D ( ) Delete  
Name: RUTH, BONNIE C  
Address: 736 17TH AVE NE  
City-St-Zip: ST. PETERSBURG, FL 33704

Title: DT ( ) Delete  
Name: RAVENNA, STEVEN  
Address: 1201 GREENWOOD AVE N  
City-St-Zip: SAINT PETERSBURG, FL 33704

Title: D ( ) Delete  
Name: LAMBRECT, LEE ANN  
Address: 1632 BRIGHTWATERS BLVD NE  
City-St-Zip: SAINT PETERSBURG, FL 33704

Title: D ( ) Delete  
Name: HUENINK, JEFFREY  
Address: 10307 WELBECK CT  
City-St-Zip: TAMPA, FL 33626

Title: D (X) Delete  
Name: YEPES, CARLOS  
Address: 6015 KIPPS COLONY DR E  
City-St-Zip: GULFPORT, FL 33707

## 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 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: BONNIE C. RUTH

D

03/28/2007

Electronic Signature of Signing Officer or Director

Date