

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000004525

FILED
Apr 25, 2005
Secretary of State

Entity Name: TOUCHING LIVES, INC.

Current Principal Place of Business:

5090 NW 39TH STREET
LAUDERDALE LAKES, FL 33319

New Principal Place of Business:

Current Mailing Address:

5090 NW 39TH STREET
LAUDERDALE LAKES, FL 33319

New Mailing Address:

FEI Number: 65-0790252

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BROOKS, JEROME
5090 NW 39TH STREET
LAUDERDALE LAKES, FL 33319 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: PTD () Delete
Name: BROOKS, JEROME
Address: 5090 NW 39TH STREET
City-St-Zip: LAUDERDALE LAKES, FL 33319

Title: SD () Delete
Name: BROOKS, OLLIE
Address: 5090 NW 39TH STREET
City-St-Zip: LAUDERDALE LAKES, FL 33319

Title: D () Delete
Name: BRISCO, BERNARD JR.
Address: 17300 NW 68 AVE.
City-St-Zip: MIAMI LAKES, FL 33015

Title: D () Delete
Name: WALKER, PATRICIA
Address: 5201 NW 2 CT
City-St-Zip: FORT LAUDERDALE, FL 33313

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:

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: JEROME E BROOKS

PAST

04/25/2005

Electronic Signature of Signing Officer or Director

Date