# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 06, 2009**
**Secretary of State**

DOCUMENT# N99000004525

**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 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: JEROME BROOKS PAST 04/06/2009

Electronic Signature of Signing Officer or Director — Date