2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2008 8:00 am
Secretary of State
01-14-2008 90111 031 ***150.00

DOCUMENT # P00000006926

1. Entity Name
GOLDEN TOUCH ENTERPRISES USA, INC.

Principal Place of Business	Mailing Address
1949 KNOLLCREST DR CLERMONT, FL 34711	1949 KNOLLCREST DR CLERMONT, FL 34711

01062008 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
354 LAKE AMBERLEIGH DR.		354 LAKE AMBERLEIGH DR	
Suite, Apt. #, etc. —		Suite, Apt. #, etc. —	
City & State: WINTER GARDEN, FLORIDA		City & State: WINTER GARDEN FLORIDA	
Zip: 34787	Country: USA	Zip: 34787	Country: USA

4. FEI Number 65-0975588 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

RAMCHARD, RAVI
1949 KNOLLCREST DR
CLERMONT, FL 34711

7. Name and Address of New Registered Agent

Name: RAVI RAMCHAND
Street Address (P.O. Box Number is Not Acceptable): 354 LAKE AMBERLEIGH DRIVE
City: WINTER GARDEN FL Zip Code 34787

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: [signature] RAVI RAMCHAND 1-9-08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD RAMCHAND, MR. B 508 S. MILITARY TRAIL DEERFIELD BEACH, FL 33442	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	O RAMCHARD, RAVI 1949 KNOLLCREST DR CLERMONT, FL 34711	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] RAVI RAMCHAND 1-9-08 407-492-4633
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #