

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2005 08:00 AM
Secretary of State

DOCUMENT # P00000022550

1. Entity Name
 QUEEN'S TOUCH, INC.



Principal Place of Business
 2795 JUDE ISLAND WAY
 NAPLES, FL 34119-7528

Mailing Address
 2795 JUDE ISLAND WAY
 NAPLES, FL 34119-7528



02272005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0982955	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

QUEEN, VALERIE
 2795 JUDE ISLAND WAY
 NAPLES, FL 34119

DO NOT WRITE IN THIS SPACE

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	QUEEN, VALERIE
STREET ADDRESS	2795 JUDE ISLAND WAY
CITY-ST-ZIP	NAPLES, FL 341197528
TITLE	D
NAME	QUEEN, DENNIS
STREET ADDRESS	2795 JUDE ISLAND WAY
CITY-ST-ZIP	NAPLES, FL 341197528
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000299628
 04/11/05-80116-009 150.00

U00000299628
 04/11/05-80116-010 8.75

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Valerie M. Queen VALERIE M. QUEEN 4.6.05 239-566-3748
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
PRESIDENT