2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000000541

Title:

Name:

Address:

City-St-Zip:

DSTV

(X) Delete

SZYMCZYK, JÓYCE A

HAINES CITY, FL 33844

9 B MOORE RD.

FILED Feb 22, 2006 Secretary of State

Entity Nan	ne: PERSONA	L TOUCH TOURS, INC.				
Current Principal Place of Business:			New Principal Place of Business:			
	NDALE BLVD AVEN, FL 338	81				
Current Mailing Address:			New Mailing Address:			
	NDALE BLVD AVEN, FL 338	81				
FEI Number:	59-3690454	FEI Number Applied For ()	FEI Number Not Appl	icable ()	Certificate of Status Desired (()
Name and Address of Current Registered Agent:			Name and Address of New Registered Agent:			
SZYMCZYK, JOYCE A 828-A SPRING LAKE SQUARE WINTER HAVEN, FL 33881 US			SZYMCZYK, JOYCE A 1146 HAVENDALE BLVD. WINTER HAVEN, FL 33881 US			
The above in the State		ubmits this statement for the p	ourpose of changing it	ts registered	office or registered agent, or	both,
SIGNATURE:				02/22/2006		
		Signature of Registered Age	ent		Date	
Election Carr	paign Financing	Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	DV () [MOBLEY, GEOR 4020 VINSON RE LAKELAND, FL	D.	Title: Name: Address: City-St-Zip:	() Change ()Addition	
Title: Name: Address: City-St-Zip:	D () [MILLER, DALE 237 RUTH BOUL LONGWOOD, FL		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () I MILLER, CAROL 237 RUTH BOUL LONGWOOD, FL	EVARD	Title: Name: Address: City-St-Zip:	DSTV (SZYMCZYK, 9 B MOORE F HAINES CITY	RD.	

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: DALE. MILLER D 02/22/2006

() Change () Addition