

2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P01000017526					
1. Entity Name MASTER TOUCH GROUP, INC.					
Principal Place of Business 2829 STATEN DR DELTONA, FL 32738			Mailing Address P.O BOX 470683 LAKE MONROE, FL 32747		
<div style="text-align: right;"> FILED 05 NOV 29 AM 4:28 SEC. OF STATE TALLAHASSEE, FLORIDA </div>					
2. Principal Place of Business 2629 Bentley Dr.		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		10102005 Chg-P CR2E034 (10/03)	
City & State DELTONA FL		City & State		4. FEI Number 59-3697981	
Zip 32738		Country USA		Applied For Not Applicable	
5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent EUDELL, BETTY J 2829 STATEN DR DELTONA, FL 32738			7. Name and Address of New Registered Agent		
Address Change			Name Betty J. Eudell		
			Street Address (P.O. Box Number is Not Acceptable)		
			2629 Bentley Dr.		
			City Deltona		
FL			Zip Code 32738		
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: <i>Betty J. Eudell</i> DATE: 11-8-05					
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE PRES	NAME EUDELL, BETTY J		<input type="checkbox"/> Delete		
STREET ADDRESS 2829 STATEN DR	CITY-ST-ZIP DELTONA, FL 32738		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
400061758854 11/29/05--01060--020 **\$61.25					
TITLE VP	NAME EUDELL, ALFRED		<input checked="" type="checkbox"/> Delete		
STREET ADDRESS 1708 FOUNTAINHEAD DR	CITY-ST-ZIP LAKE MARY, FL 32746		VP Darrell L. Eudell SR. 2629 Bentley Dr. Deltona FL 32738		
1708 FOUNTAINHEAD DR LAKE MARY, FL 32746			<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE S	NAME EUDELL, JANNIE		<input type="checkbox"/> Delete		
STREET ADDRESS 907 HOLLY AVENUE	CITY-ST-ZIP SANFORD, FL 32771		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
907 HOLLY AVENUE SANFORD, FL 32771					
TITLE 	NAME 		<input type="checkbox"/> Delete		
STREET ADDRESS 	CITY-ST-ZIP 		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE 	NAME 		<input type="checkbox"/> Delete		
STREET ADDRESS 	CITY-ST-ZIP 		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify 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 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: <i>Betty J. Eudell</i> Betty J. Eudell 11-8-05 407-324-8882					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Document #					

M. Williams NOV 29 2005