2004 FOR PROFIT CORPORATION

May 07, 2004 08:00 AM Secretary of State **ANNUAL REPORT** DOCUMENT # P01000045952 1. Entity Name CREATIVE TOUCH ENTERPRISE, INC. Principal Place of Business Mailing Address 4632 MISTY DAWN COURT N. 4632 MISTY DAWN COURT N. JACKSONVILLE, FL 32277 JACKSONVILLE, FL 32277 No Chg-P CR2E034 (10/03) 03152004 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3723087 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent TAYLOR, CLAYTON DO NOT WRITE 4632 MISTY DAWN COURT N. JACKSONVILLE, FL 32277 IN THIS SPACE 8. The above named entity subgrits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Floriga - Lam familiar with, and accept the obligations of regist SIGNATURE regrame of registered agent and filk it applicable DATE WOTE Registered Agent signature required whire runstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution Added to Fees After May 1, 2004 Fee will be \$550.00 000000157956 05/07/04-80002-008 150.00 OFFICERS AND DIRECTORS 10. TAYLOR, CLAYTON NAME STREET ADDRESS 4632 MISTY DAWN COURT N. C/TY-ST-Z/P JACKSONVILLE, FL 32277 THILE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY - ST - ZIP THILE NAME STREET ADDRESS

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 export 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 strusted exposured 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 applications of the receiver or structure.

SIGNATURE:

CITY ST-71P THEE NAME STREET ADDRESS CITY - ST - ZIP

OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

FILED