2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2009
Secretary of State

DOCUMENT# P01000049785

Entity Name: EVERLASTING TOUCH INC.

Current Principal Place of Business:

251 E HARRISON ST
SUITE E
TALLAHASSEE, FL 32301

New Principal Place of Business:

1820 RIGGINS ROAD
SUITE 2
TALLAHASSEE, FL 32308

Current Mailing Address:

P.O. BOX 20682
TALLAHASSEE, FL 32316

New Mailing Address:

FEI Number: 30-0001393 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BURNS, TRACY E
7416 HICKOCK CT.
TALLAHASSEE, FL 32311 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: BURNS, DJENABA A
Address: 7416 HICKOCK CT
City-St-Zip: TALLAHASSEE, FL 32311

Title: C ( ) Delete
Name: BURNS, TRACY E
Address: 7416 HICKOCK CT.
City-St-Zip: TALLAHASSEE, FL 32311

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D ( ) Change (X) Addition
Name: BAKER, NZINGA D
Address: 6947 MARY CAROLINE CIRCLE UNIT G
City-St-Zip: ALEXANDRIA, VA 22310

Title: D ( ) Change (X) Addition
Name: BAKER, LORETTA F
Address: 6824 CROSSMOOR LANE
City-St-Zip: LOUISVILLE, KY 40222

Title: D ( ) Change (X) Addition
Name: BAKER, ROBERT M
Address: 6824 CROSSMOOR LANE
City-St-Zip: LOUISVILLE, KY 40222

I hereby certify that the information supplied with this filing does not qualify 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.

SIGNATURE: DJENABA BURNS P 01/22/2009

Electronic Signature of Signing Officer or Director Date