## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

**DOCUMENT # P01000052178** 

1. Enlity Name ANGEL TOUCH INC.



FILED Apr 30, 2005 08:00 A Secretary of State

Frincipal Place of Business

†891 S E MANTH LANE PORT ST LUCIE, FL 34983 Mailing Address

1891 S E MANTH LANE PORT ST LUCIE, FL 34983



04262005

No Chg-P

CR2E034 (10/03)

4. FEI Number 65-1108864 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

COLON, LUIS 1891 S E MANTH LANE PORT ST LUCIE, FL 34983

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| the obligations of registered agent  |   |   |  |                                |   |
|--|---|---|--|--------------------------------|---|
| SIGNATURE  |   |   |  |                                |   |
| FILE NOW!!! FEE IS \$150.00  After May 1, 2005 Fee will be \$550.00  9. Election Campaign Financia  Trust Fund Contribution  |   |   |  | \$5.00 May Be<br>Added to Fees |   |
| 10. OFFICERS AND DIRECTORS   |   |   |  |                                |   |
| THILE NAME STREET ADDRESS CITY: ST-ZIP   | P<br>ELIZABETH, COLON<br>1891 SE MANTH LANE<br>PORT SAINT LUCIE, FL 34983 |   |  |                                |   |
| TITLE NAME STREET ADDRESS CITY+ST-ZIP  |   |   |  |                                | U00000348887<br>05/02/05-80040-024 150.00 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST ZIP   |   |   |  | DO                             | NOT WRITE                                 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP  |   | _ |  | IN '                           | THIS SPACE                                |
| TITLE NAME STREET ADDRESS CITY: \$1-ZIP  |   |   |  |                                |   |
| TITLE NAME STREET ADDRESS CHY-ST-ZIP   |   |   |  |                                |   |
| 12. I hereby certify that the information supplied with this filling 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. |   |   |  |                                |   |

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