


04-26-'07 10:06 FROM-

2007 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90838 007 ***150.00

DOCUMENT # P01000096100	
1. Entity Name GOLD TOUCH AUTOMOTIVE, INC.	

Principal Place of Business 100 GOODLETTE RD. N NAPLES, FL 34102	Mailing Address 100 GOODLETTE RD. N NAPLES, FL 34102
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

40093070



04242007 Chg-P CR2E034 (12/06)

4. FEI Number 59-3742269	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
BRZEZINSKI, SHIRLEY 730 S. COLLIER BLVD. UNIT 1303 MARCO ISLAND, FL 34145

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE V NAME MACLEAN, GEORGE STREET ADDRESS 1823 W. PREDMORE CITY-ST-ZIP OAKLAND, MI 48363	<input type="checkbox"/> Delete	TITLE George Maclean STREET ADDRESS 1465 29th St SW CITY-ST-ZIP Naples, FL 34117	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE S NAME BRZEZINSKI, SHIRLEY STREET ADDRESS 730 S. COLLIER BLVD UNIT 1303 CITY-ST-ZIP MARCO ISLAND, FL 34145	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE P NAME BRZEZINSKI, DENISE STREET ADDRESS 1465 29TH STREET SW CITY-ST-ZIP NAPLES, FL 34117	<input type="checkbox"/> Delete	TITLE Denise Maclean (formerly Brzezinski) NAME 1465 29th St SW STREET ADDRESS Naples, FL 34117 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME 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 exemptions contained 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 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:  **4/27/07 2395973215**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #