


**2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Jul 24, 2006 8:00 am**  
**Secretary of State**

07-07-2006 90002 021 \*\*\*163.75  
 07-24-2006 90006 040 \*\*\*386.25

**DOCUMENT # P01000110376**  
 1. Entity Name  
**EUROPEAN TOUCH, INC.**




Principal Place of Business: **1934 CORNWALLIS PKWY. CAPE CORAL FL 33904**  
 Mailing Address: **1934 CORNWALLIS PKWY. CAPE CORAL FL 33904**

2. Principal Place of Business: **1934 Cornwallis Pkwy Cape Coral**  
 Suite, Apt. #, etc. **Cape Coral**  
 City & State: **Florida**

3. Mailing Address: **1934 Cornwallis Pkwy Cape Coral**  
 Suite, Apt. #, etc. **Cape Coral**  
 City & State: **Florida**

Zip: **33904** Country: **FL.**  
 Zip: **33904** Country: **FL.**



1st MOORE CR2E034 (10/05)  
 4. FEI Number **65-1157816**  
 Applied For:  Not Applicable  
 5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**WAHL, LAJOS J**  
**1934 CORNWALLIS PKWY.**  
**CAPE CORAL FL 33904**

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: Lajos Wahl 5-7-06  
Signature of the person named as registered agent and file if applicable. (NOTE: Registered Agent signature required when filed.) DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>WAHL, LAJOS J</b>	
STREET ADDRESS	<b>1934 CORNWALLIS PKWY.</b>	
CITY-ST-ZIP	<b>CAPE CORAL FL 33904</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> Delete
NAME	<b>WAHL, LIDIA</b>	
STREET ADDRESS	<b>1934 CORNWALLIS PKWY.</b>	
CITY-ST-ZIP	<b>CAPE CORAL FL 33904</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Lajos Wahl  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #