

**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 30, 2007 08:00 AM**  
**Secretary of State**

*"Dept of State"*



04262007 No Chg-P CR2E034 (11/05)

**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

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-1157816</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

WAHL, LAJOS J  
 1934 CORNWALLIS PKWY.  
 CAPE CORAL, FL 33904

**DO NOT WRITE IN THIS SPACE**

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 \$560.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WAHL, LAJOS J 1934 CORNWALLIS PKWY. CAPE CORAL, FL 33904
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 05/18/07-80003-001 150.00

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:** *Lidia Wahl* *H. 25. 07* *(239) 540 7748*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #