2007 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P02000022864

1. Entity Name
TOUCH OF GRACE, INC.

Principal Place of Business	Mailing Address
218 N. 31 COURT HOLLYWOOD, FL 33021	218 N. 31 COURT HOLLYWOOD, FL 33021

DO NOT WRITE IN THIS SPACE

03082007   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
01-0618644	Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

COLLAZOS, JACQUELINE
218 N. 31 COURT
HOLLYWOOD, FL 33021

**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_____

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

FILE NOW!!! FEE IS $150.00 **After May 1, 2007 Fee will be $550.00**	9. Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	

10.   OFFICERS AND DIRECTORS

TITLE	PSTD
NAME	COLLAZOS, JACQUELINE
STREET ADDRESS	218 N. 31 COURT
CITY-ST-ZIP	HOLLYWOOD, FL 33021

TITLE	
NAME	
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03/21/07-80022-029 150.00

**DO NOT WRITE
IN THIS SPACE**

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: _____   3-8-07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #