

2005 **FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED


05 JAN -5 AM 11:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DOCUMENT # P02000081861

1. Entity Name
Touchpoint Tutoring and Family Services



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
3980 Tampa Rd. #201
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 514
Suite, Apt. #, etc.

City & State
Oldsmar, FL

City & State
Oldsmar, FL

Zip
34677 Country
USA

Zip
34677 Country
USA

4. FEI Number
none

Applied For
 Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name
Spiegel & Utrera, P.A. - Diane Lawrence

Street Address (P.O. Box Number is Not Acceptable)
413 Ventura Drive

1840 Coral Way, 4th Floor

City
Oldsmar FL Zip Code
34677

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] Diane E. Lawrence (same agent) DATE 12/30/04

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

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 NAME STREET ADDRESS CITY - ST - ZIP	<u>President and Treasurer/c Diane Lawrence 413 Ventura Drive Oldsmar, FL 34677</u>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>Vice President and Secretary Barry Lawrence 413 Ventura Drive Oldsmar, FL 34677</u>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>400045552034 01/28/05--01010--012 **158.75</u>
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	DO NOT WRITE IN THIS SPACE
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12. I hereby certify that the information supplied with this filing 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 on an attachment with an address, with all other life empowered.

SIGNATURE: [Signature] Diane E. Lawrence DATE 12/30/04 DAYTIME PHONE # 813-814-2012

Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034B (12/02)