


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

DOCUMENT # P02000081861	
1. Entity Name Touchpoint Tutoring and Family Services	

FILED
05 JAN -5 AM 11:10

SECRET
TALLAHASSEE

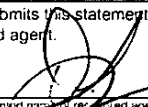
DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3980 Tampa Rd. #201		3. Mailing Address P.O. Box 514	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Oldsmar, FL		City & State Oldsmar, FL	
Zip 34677	Country USA	Zip 34677	Country USA

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE	4. FEI Number none		Applied For <input checked="" type="checkbox"/> Not Applicable
	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		
	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  (same agent) Diane E. Lawrence 12/30/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

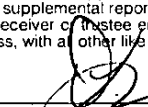
January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

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	President and Treasurer/c Diane Lawrence 413 Ventura Drive Oldsmar, FL 34677	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Vice President and Secretary Barry Lawrence 413 Ventura Drive Oldsmar, FL 34677	TITLE NAME STREET ADDRESS CITY - ST - ZIP	400045552034 01/28/05--01010--012 **158.75
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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:  Diane E. Lawrence 12/30/04 813-814-2012
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)