

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000083979

Entity Name: MAJIK TOUCH, INC.

FILED
Mar 25, 2007
Secretary of State

Current Principal Place of Business:

446 RACETRACK ROAD
C
FT WALTON BEACH, FL 32547

New Principal Place of Business:

109 CAROL AVENUE NW
FT WALTON BEACH, FL 32548

Current Mailing Address:

P. O. BOX 2301
FT WALTON BEACH, FL 32549

New Mailing Address:

FEI Number: 74-3056231 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SIMMONS, LISA M
P. O. BOX 2301
FORT WALTON BEACH, FL 32549 US

Name and Address of New Registered Agent:

SIMMONS, DARRELL B
109 CAROL AVENUE NW
FORT WALTON BEACH, FL 32548 US

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.

SIGNATURE: DARRELL B SIMMONS

03/25/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: SIMMONS, LISA M
Address: 109 NORTHWEST CAROL AVE
City-St-Zip: FT WALTON BEACH, FL 32548

Title: DV () Delete
Name: SIMMONS, DARRELL B
Address: 109 NORTHWEST CAROL AVE
City-St-Zip: FT WALTON BEACH, FL 32548

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: SIMMONS, DARRELL B
Address: 109 NORTHWEST CAROL AVE
City-St-Zip: FT WALTON BEACH, FL 32548

Title: DV (X) Change () Addition
Name: SIMMONS, LISA M
Address: 109 NORTHWEST CAROL AVE
City-St-Zip: FT WALTON BEACH, FL 32548

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LISA MARIE SIMMONS

DV

03/25/2007

Electronic Signature of Signing Officer or Director

Date