

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000087681

FILED
Feb 21, 2007
Secretary of State

Entity Name: SPECIAL TOUCH GENERAL SERVICES, INC.

Current Principal Place of Business:

959 SW MCDEVITT AVE
PORT ST LUCIE, FL 34953 US

New Principal Place of Business:

Current Mailing Address:

959 SW MCDEVITT AVE
PORT ST LUCIE, FL 34953 US

New Mailing Address:

FEI Number: 47-0882581

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BIASI, LEONARDO N
959 SW MCDEVITT AVE
PORT ST. LUCIE, FL 34953 US

Name and Address of New Registered Agent:

NAVES, WANER C
959 SW MCDEVITT AVE
PORT ST. LUCIE, FL 34953 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: WANER C NAVES

02/21/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BIASI, LEONARDO N
Address: 959 SW MCDEVITT AVE
City-St-Zip: PORT ST LUCIE, FL 34953 US

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: NAVES, WANER C
Address: 959 SW MCDEVITT AVE
City-St-Zip: PORT ST LUCIE, FL 34953 US

Title: D () Change (X) Addition
Name: MARTINS, SINEU O
Address: 959 SW MCDEVITT AVE
City-St-Zip: PORT ST LUCIE, FL 34953 US

Title: S () Change (X) Addition
Name: SOUZA, JAILSON V
Address: 959 SW MCDEVITT AVE
City-St-Zip: PORT ST LUCIE, FL 34953 US

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: WANER C NAVES

PD

02/21/2007

Electronic Signature of Signing Officer or Director

Date