

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000093822

FILED  
Feb 19, 2005  
Secretary of State

Entity Name: SURE TOUCH CENTER FOR THE HEALING ARTS, INC.

## Current Principal Place of Business:

5600 TAMIAMI TR. NORTH  
SUITE 13  
NAPLES, FL 34108

## New Principal Place of Business:

## Current Mailing Address:

5600 TAMIAMI TR. NORTH  
SUITE 13  
NAPLES, FL 34108

## New Mailing Address:

FEI Number: 55-0800351

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

OEHSER, WILLIAM C  
218 WATERWAY CT.  
201  
MARCO ISLAND, FL 34145 US

## Name and Address of New Registered Agent:

OEHSER, WILLIAM C  
8315 BIG ACORN CIR.  
#904  
NAPLES, FL 34119 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:

02/19/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: OEHSER, WILLIAM C  
Address: 218 WATERWAY CT. #201  
City-St-Zip: MARCO ISLAND,, FL 34145

Title: VP ( ) Delete  
Name: TIDMARSH, MARIANNE E  
Address: 218 WATERWAY CT. #201  
City-St-Zip: MARCO ISLAND,, FL 34145

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: OEHSER, WILLIAM C  
Address: 8315 BIG ACORN CIR. #904  
City-St-Zip: NAPLES, FL 34119

Title: VP (X) Change ( ) Addition  
Name: TIDMARSH, MARIANNE E  
Address: 8315 BIG ACORN CIR. #904  
City-St-Zip: NAPLES, FL 34119

I hereby certify that the information supplied with this filing does not qualify for the 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 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: WILLIAM C. OEHSER

P

02/19/2005

Electronic Signature of Signing Officer or Director

Date