

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000103771 1. Entity Name <p style="text-align: center; margin-top: 10px;">NATURAL TOUCH, INC.</p>			
Principal Place of Business 7171 Coral Way Suite # 319 Miami, Florida 33155		Mailing Address 7171 Coral Way Suite # 319 Miami, Florida 33155	
2. Principal Place of Business 808 Brickell Key Dr. Suite, Apt. #, etc 3007 City & State Miami, Florida Zip 33131 Country Dade		3. Mailing Address Same Suite, Apt. #, etc City & State Zip Country	
4. FEI Number 35-2182470		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent GLORIA TABOADA 808 Brickell Key Drive Apt. # 3007 Miami, Florida 33131		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 808 Brickell Key Drive Apt. 3007 City Miami FL Zip Code 33131	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TABOADA, GLORIA <input type="checkbox"/> Delete 808 Brickell Key Drive #3007 Miami, Florida 33131	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE:		Date: 2-14-06	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	

K. Eckel AUG 23 2006