2006 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 17, 2006 8:00 am Secretary of State DOCUMENT # P03000010976 04-17-2006 90381 011 ***150.00 1. Entity Name PERSONAL TOUCH PRO SERVICES CORP. 40001400 Principal Place of Business Mailing Address 4379 SW 10TH PLACE #106 4379 SW 10TH PLACE #106 DEERFIELD BEACH, FL 33442 US DEERFIELD BEACH, FL 33442 2. Principal Place of Business 3. Mailing Address 3240 SW 1st Street 3240 SW 1st Street 03302006 Chg-P CR2E034 (11/05) Deerfield Beach FL -Deerfield Beach FL -4. El Number Applied For 43-1994443 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 33442 33442 BROWARD BROWARD 6. Name and Address of Current Registered Agent 7. I lame and Address of New Registered Agent PASCOAL, HELIO 4379 SW 10TH PLACE #106 3240 SW 1st Street | ther is Not Acceptable) DEERFIELD BEACH, FL 33442 Deerfield Beach FL 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when it instating) \$5.00 A ay Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution, Added to liees OFFICERS AND DIRECTORS 10. 11. AD DITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE Change ☐ Addition PASCOAL, HELIO NAME NAME STREET ADDRESS 4379 SW 10TH PLACE #106 3240 SW IS STREET STREET ADDRESS CITY-ST-ZIP DEERFIELD BEACH, FL 33442 CITY-ST-ZIP BCH FL 33442 TITLE **VSD** Delete TITLE Change Addition NAME PASCOAL, ZELMA I NAME STREET ADDRESS 4379 SW 10TH PLACE #106 3240 SW IST STEECT STREET ADDRESS CITY-ST-7IP DEERFIELD BEACH, FL 33442 CITY-ST-ZIP pecrfield BCH FL 33442 TITLE Delete TITLE □ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Dotete ☐ Change Addition NAME HAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY+ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY ST-712 CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chi pter 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 it gat effect as if made under oath; that I am an officer or director of the corporation or the receivor or rustee empowered to execute this report as required by Chapter 607. Floric a Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an article statute.

FILED