

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P03000056693

1. Entity Name  
TOUCHSTONE PROFESSIONAL, INC.



Principal Place of Business  
9647 PORTA LEONA LANE  
BOYNTON BEACH, FL 33437

Mailing Address  
9647 PORTA LEONA LANE  
BOYNTON BEACH, FL 33437

**FILED**  
**May 01, 2007 08:00 AM**  
**Secretary of State**



05102007 No Chg-P CR2E034 (11/05)

4. FEI Number 31-1820862	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> <b>\$8.75</b> Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

MORRIS, LINDA G  
9647 PORTA LEONA LANE  
BOYNTON BEACH, FL 33437

**DO NOT WRITE  
IN THIS SPACE**

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 reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00  
Due by September 14, 2007**

9. Election Campaign Financing  
Trust Fund Contribution.  **\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MORRIS, LINDA G 9647 PORTA LEONA LANE BOYNTON BEACH, FL 33437
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SPINELLI, LAURALYNN G 3671 TURTLE RUN BLVD APT 1332 CORAL SPRINGS, FL 33067
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

000000749493  
05/19/07-80025-020 150.00

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** *Linda Gay Morris*  
SIGNATURE AND/TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/9/07 561-213-3764  
Date Daytime Phone #