

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000131332

Entity Name: MIDAS TOUCH FINANCIAL, INC.

FILED
Feb 23, 2007
Secretary of State

Current Principal Place of Business:

P.O. BOX 7277
PORT ST. LUCIE, FL 34985

New Principal Place of Business:

3702 S. VIRGINIA STREET
STE. G12-401
RENO, NV 89502

Current Mailing Address:

P.O. BOX 7277
PORT ST. LUCIE, FL 34985

New Mailing Address:

3702 S. VIRGINIA STREET
STE. G12-401
RENO, NV 89502

FEI Number: 72-1574970

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PARACORP INCORPORATED
236 EAST 6TH AVE.
TALLAHASSEE, FL 32303 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: FLEMING, RENALDO
Address: P.O. BOX 7277
City-St-Zip: PORT ST. LUCIE, FL 34985

Title: D () Delete
Name: FLEMING, VALERIE
Address: P.O. BOX 7277
City-St-Zip: PORT ST. LUCIE, FL 34985

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: RENALDO FLEMING

D

02/23/2007

Electronic Signature of Signing Officer or Director

Date