

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000131332

FILED
Apr 09, 2009
Secretary of State

Entity Name: MIDAS TOUCH FINANCIAL, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 72-1574970

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

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

04/09/2009

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 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

VP

04/09/2009

Electronic Signature of Signing Officer or Director

Date