2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2007 8:00 am
Secretary of State
05-02-2007 90059 038 ***150.00

DOCUMENT # P04000021672

1. Entity Name
MARTIN TOUCH CONSULTING, INC.

400987?

Principal Place of Business	Mailing Address
3200 N MILITARY TRAIL STE 201 BOCA RATON, FL 33431	3200 N MILITARY TRAIL STE 201 BOCA RATON, FL 33431

04272007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
950 Peninsula Corp Cir		950 Peninsula Corp Cir	
Suite, Apt. #, etc. #2000		Suite, Apt. #, etc #2000	
City & State Boca Raton FL		City & State Boca Raton FL	
Zip 33487	Country	Zip 33487	Country

4. FEI Number 59-3781731 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MARTIN, ALISON 3200 N MILITARY TRAIL STE 201 BOCA RATON, FL 33431	Name Street Address (P.O. Box Number is Not Acceptable) 950 Peninsula Corp. Cir #2000 City Boca Raton FL Zip Code 33487

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 $150.00
After May 1, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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	D MARTIN, ALISON 3200 N MILITARY TRAIL STE 201 BOCA RATON, FL 33431	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	950 Peninsula Corp Cir. #2000 Boca Raton FL 33487	☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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: Alison Martin 4/30/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #