

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000037109

Entity Name: A HEAVENLY TOUCH, INC.

FILED  
Mar 08, 2005  
Secretary of State

**Current Principal Place of Business:**

1302 SW BABCOCK AVE  
PORT ST LUCIE, FL 34953

**New Principal Place of Business:**

417SE COCONUT AVE  
SUITE 3  
STUART, FL 34996

**Current Mailing Address:**

1302 SW BABCOCK AVE  
PORT ST LUCIE, FL 34953

**New Mailing Address:**

FEI Number: 35-2229632

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GRAZI, LEIF J ESQ.  
217 E OCEAN BLVD  
STUART, FL 34994 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: DP ( ) Delete  
Name: CEPERO, ROBERT A  
Address: 1302 SW BABCOCK AVE  
City-St-Zip: PORT ST LUCIE, FL 34953

Title: VP ( ) Delete  
Name: DEL RISCO, SONIA O  
Address: 1302 SW BABCOCK AVE  
City-St-Zip: PORT ST LUCIE, FL 34953

**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 Section 119.07(3)(i), 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: SONIA DEL RISCO

VP

03/08/2005

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date