2005 FOR PROFIT CORPORATION

FILED Sep 06, 2005 8:00 am Secretary of State ANNUAL REPORT

09-06-2005 90140 035 ***150.00 DOCUMENT # P04000076155 ROYAL TOUCH WORLDWIDE INC Principal Place of Business Mailing Address 50065266 3600 S. STATE RD 7 #312 3600 S. STATE RD 7 #312 MIRAMAR, FL 33023 MIRAMAR, FL 33023 3. Mailing Address 2. Principal Place of Business 5122 S. FLAMINGOF 5122 FLAMINGORD Suite, Apt. #, etc. Suite, Apt. #, etc. 05062005 Chg-P CR2E034 (10/03) City & State 4. FEI Numbe Applied For ત્ર-Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DOUGLAS, LEO Street Address (P.O. Box Number is Not Acceptable) 5722 FLAMINGO DRIVE #171 COOPER CITY, FL 33330 Zip Code 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. (NOTE; Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 In accordance with s. 607.193(2)(b), F.S., the Due by September 7, 2005 Trust Fund Contribution. Added to Fees corporation did not receive the prior notice. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE Delete TITLE DOUGLAS, LEO NAME NAME FLAMINGORD # 171 5722 FLAMINGO ROAD #171 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP COOPER CITY, FL 33330 CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE Delete DOUGLAS, KAREN NAME NAME STREET ADDRESS 5722 FLAMINGO ROAD #171 STREET ADDRESS CITY-ST-ZIP COOPER CITY, FL 33330 CITY-ST-ZIP HILL ☐ Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Addition Delete ☐ Change TITI E NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. Thereby certify that the information supplied with this filing does not qualify 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 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 antidevent with an address, with all other like empowered.