2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000092830

Entity Name: TOUCH OF QUALITY, CORP.

FT. MYERS, FL 33901

City-St-Zip:

FILED Aug 31, 2006 Secretary of State

Littly Nai	me. 1000H	OF QUALITY, CORF.			
Current Principal Place of Business:			New Principal Place of Business:		
3704 BRO. FT. MYER	ADWAY ST., S, FL 33901	UNIT 119-B			
Current Mailing Address:			New Mailing Address:		
3704 BRO. FT. MYER	ADWAY ST., S, FL 33901	UNIT 119-B			
FEI Number:	: 20-1264665	FEI Number Applied For ()	FEI Number Not Appl	licable () Certificate of Status Desired	l ()
Name and	Address of	Current Registered Agent:	Name and Address of New Registered Agent:		
1261 E. SA	SE CORPORAMPLE RD. D BCH, FL 33				
	named entity e of Florida.	submits this statement for the	purpose of changing i	its registered office or registered agent, c	or both,
SIGNATUR	RE:				
	Electro	nic Signature of Registered Ag	ent	Date	
		93(2)(b), F.S., the corporation did n ng Trust Fund Contribution ().	ot receive the prior notic	ee.	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	MARTINS, ED	VAY ST., UNIT 119-B	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	MAGALHAES,	VAY ST., UNIT 119-B	Title: Name: Address: City-St-Zip:	VD (X) Change () Addition ALVES, ALBERTO 3704 BROADWAY ST., UNIT 119-B FT. MYERS, FL 33901	
Title: Name: Address: City-St-Zip:	ALVES, ALBE	VAY ST, UNIT 119-B	Title: Name: Address: City-St-Zip:	T (X) Change () Addition CARVALHO, WALISSON ROQUE 3704 BROADWAY ST, UNIT 119-B FT. MYERS, FL 33901	
Title: Name: Address:	CARVALHO, V	() Delete /ALISSON ROQUE VAY ST, UNIT 119-B	Title: Name: Address:	() Change () Addition	

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.

City-St-Zip:

SIGNATURE: EDWAL MARTINS PDT 08/31/2006