

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000092830

Entity Name: TOUCH OF QUALITY, CORP.

FILED
Feb 28, 2008
Secretary of State

Current Principal Place of Business:

3704 BROADWAY ST., UNIT 119-B
FT. MYERS, FL 33901

New Principal Place of Business:

Current Mailing Address:

3704 BROADWAY ST., UNIT 119-B
FT. MYERS, FL 33901

New Mailing Address:

FEI Number: 20-1264665

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DESPACHANTE BRASILEIRO LLC
3800 FOWLER ST # 3
FORT MYERS, FL 33901 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: PD () Delete
Name: MARTINS, EDWAL A
Address: 3704 BROADWAY ST., UNIT 119-B
City-St-Zip: FT. MYERS, FL 33901

Title: VD () Delete
Name: ALVES, ALBERTO
Address: 3704 BROADWAY ST., UNIT 119-B
City-St-Zip: FT. MYERS, FL 33901

Title: T () Delete
Name: CARVALHO, WALISSON ROQUE
Address: 3704 BROADWAY ST, UNIT 119-B
City-St-Zip: FT. MYERS, FL 33901

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VD (X) Change () Addition
Name: PEREIRA, ELIAS D SOUZA
Address: 2905 WINKLER AV. # 706
City-St-Zip: FT. MYERS, FL 33916

Title: T (X) Change () Addition
Name: CARLSON, CRAIG
Address: 3704 BROADWAY ST, UNIT 119-B
City-St-Zip: FT. MYERS, FL 33901

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: EDWAL ALVES MARTINS

PD

02/28/2008

Electronic Signature of Signing Officer or Director

_____ Date