

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000115914

Entity Name: TOUCH OF DIEHL, INC.

FILED  
Apr 30, 2007  
Secretary of State

## Current Principal Place of Business:

1143 NW 16TH PLACE  
STUART, FL 34994

## New Principal Place of Business:

8619 SE LYONS STREET,  
HOBE SOUND, FL 33455

## Current Mailing Address:

1143 NW 16TH PLACE  
STUART, FL 34994

## New Mailing Address:

8619 SE LYONS STREET  
HOBE SOUND, FL 33455

FEI Number: 41-2191905

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ODONI, LESLEY A  
1143 NW 16TH PLACE  
STUART, FL 34994 US

## Name and Address of New Registered Agent:

DIEHL, GARY E  
8619 SE LYONS STREET  
HOBE SOUND, FL 33455 US

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: GARY E DIEHL

04/30/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: DIEHL, GARY  
Address: 1143 NW 16TH PLACE  
City-St-Zip: STUART, FL 34994

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: DIEHL, GARY  
Address: 8619 S.E. LYONS ST.  
City-St-Zip: HOBE SOUND, FL 33455

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: GARY E. DIEHL

P

04/30/2007

Electronic Signature of Signing Officer or Director

Date