## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

## Feb 22, 2005 8:00 am DOCUMENT # P04000122396 **Secretary of State** 1. Entity Name 02-22-2005 90015 030 \*\*\*150.00 NASA TOUCH INC. Principal Place of Business Mailing Address 1078 HOOK DRIVE 1078 HOOK DRIVE US SPRING HILL, FL 34608 SPRING HILL, FL 34608 2. Principal Place of Business 3. Mailing Address 3513 Commercial Suite, Apt. #, etc. Suite, Apt. #, etc. 01112005 Chg-P CR2E034 (10/03) 4. FEI Number Applied For City & State City & State 22-3902782 Not Applicable Spring Country Country Zip \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Kossetti FORM-A-CORP LLC Street Address (P.O. Box Number is Not Acceptable) 100 VILLAGE SQUARE CROSSING **SUITE 103** PALM BEACH GARDENS, FL 33410 1078 Hook Dr. City Zip Code <u>34608</u> 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 Signature, typed or printed name of registered agont and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 \$5.00 May Be 9.-Election Campaign Financing Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. ☐ Addition ☐ Change TITLE D,P ☐ Delete TITLE ROSSETTI, FRANK NAMÉ NAME STREET ADDRESS STREET ADDRESS 1078 HOOK DRIVE CITY-ST-ZIP SPRING HILL, FL 34608 CITY-ST-ZIP ☐ Change ☐ Addition TITLE X Delete TITLE NAME PERRETTI, AMEIL NAME 1352 NEWHOPE ROAD STREET ADDRESS STREET ADDRESS SPRING HILL, FL 34606 CITY - ST - ZIP CITY-ST-7IP Secretary Paula Mosserti ☐ Addition TITLE TITLE NAME NAME 1018 HOOK DA STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP SPring HILL FL 34608 ☐ Change ☐ Addition ☐ Delete TITLE NAME .... NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby 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 attachment with an address, with all other like empowered.

TED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

Daytime Phone #