02-14-2005 14:24 FRANK ROSSETTI 3526834429

FROM :NASA TOUCH II FAX NO. :5612650048

FILED
Feb 16, 2005 8:00 am
Secretary of State

01-21-2005 90053 013 ***150.00

2005 FOR PROFIT CORPORATION ANNUAL REPORT

1/1

DOCUMENT # P04000140642

1. Entity Name
NASA TOUCH II INC.

66002081

Principal Place of Business	Mailing Address
321 CONGRESS AVENUE SUITE 105 DELRAY BEACH, FL 33445 US	321 CONGRESS AVENUE SUITE 105 DELRAY BEACH, FL 33445 US
2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

01112005 · Chg-P CR2E034 (10/03)

4. FEI Number 34-2020159 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
PAGANO, RICHARD 321 CONGRESS AVENUE SUITE 105 DELRAY BEACH, FL 33445	Name Street Address (P.O. Box Number is Not Acceptable) City . FL 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.

SIGNATURE ____________________ DATE
Signature, typed or printed name of registered agent 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

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D,P ROSSETTI, FRANK 321 CONGRESS AVENUE, SUITE 105 DELRAY BEACH, FL 33445 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D,VP PAGANO, RICHARD 321 CONGRESS AVENUE, SUITE 105 DELRAY BEACH, FL 33445 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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.

SIGNATURE: [signature] 2/12/05 3526834429
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

02-14-2005 14:15 FRANK ROSSETTI 3526834429