## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P04000169043

Entity Name: A WOMAN'S TOUCH, INC.

FILED May 02, 2007 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 4472 INDUSTRIAL PARK ROAD GREEN COVE SPRINGS, FL 32043 US **Current Mailing Address: New Mailing Address:** 4472 INDUSTRIAL PARK ROAD GREEN COVE SPRINGS, FL 32043 US FEI Number: 65-1243310 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: LONGLEY, TAMMY D 7366 BOYSENBERRY CT. US JACKSONVILLE, FL 32244 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 In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete () Change () Addition LONGLEY, TAMMY Name: Name: 7366 BOYSENBERRY CT. Address: Address: City-St-Zip: JACKSONVILLE, FL 32244 US City-St-Zip: Title: VΡ Title: () Change () Addition () Delete Name: TUCK, LORI A Name: 8454 BOYSENBERRY LANE Address: Address: JACKSONVILLE, FL 32244 US City-St-Zip: City-St-Zip:

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: TAMMY LONGLEY P 05/02/2007