


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 08:00 AM
Secretary of State

DOCUMENT # P05000029597		
1. Entity Name PERSONAL TOUCH GRAPHICS INC		
Principal Place of Business 12530 KITTEN TRAIL HUDSON, FL 34669 US	Mailing Address 12530 KITTEN TRAIL HUDSON, FL 34669 US	



03122008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-2435580	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent NORRIS, DOUGLAS 12530 KITTEN TRAIL HUDSON, FL 34669	DO NOT WRITE IN THIS SPACE
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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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		<p>U00000924051 05/18/08-80055-015 150.00</p> <p>DO NOT WRITE IN THIS SPACE</p>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P NORRIS, DOUGLAS 12530 KITTEN TRAIL HUDSON, FL 34669	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP NORRIS, LINDA 12530 KITTEN TRAIL HUDSON, FL 34669	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S NORRIS, DOUGLAS 12530 KITTEN TRAIL HUDSON, FL 34669	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T NORRIS, LINDA 12530 KITTEN TRAIL HUDSON, FL 34669	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *Douglas L. Norris* Vice Pres 4/23/08 727-364-3029
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #