

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000093986

Entity Name: A.A. SERENITY'S TOUCH, INC.

FILED
Feb 28, 2006
Secretary of State

Current Principal Place of Business:

22212 MONTROSE AVE.
PORT CHARLOTTE, FL 33952

New Principal Place of Business:

13355 TAMiami TRAIL
SUITE D
NORTH PORT, FL 34287 US

Current Mailing Address:

22212 MONTROSE AVE.
PORT CHARLOTTE, FL 33952

New Mailing Address:

13355 TAMiami TRAIL
SUITE D
NORTH PORT, FL 34287 US

FEI Number: 20-3124049

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MATTHEW, JAMES R.
22212 MONTROSE AVE.
PORT CHARLOTTE, FL 33952 US

Name and Address of New Registered Agent:

PULLEN, ANGELINA T
13355 TAMiami TRAIL
SUITE D
NORTH PORT, FL 34287 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: ANGELINA T. PULLEN

02/28/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: PULLEN, ANN
Address: P.O. BOX 381025
City-St-Zip: MURDOCK, FL 339381025

Title: STD () Delete
Name: PULLEN, ANGELINA
Address: P.O. BOX 496062
City-St-Zip: PORT CHARLOTTE, FL 339496062

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: PULLEN, ANN H
Address: P.O. BOX 381025
City-St-Zip: MURDOCK, FL 339381025 US

Title: STD (X) Change () Addition
Name: PULLEN, ANGELINA T
Address: P.O. BOX 496062
City-St-Zip: PORT CHARLOTTE, FL 339496062 US

I hereby certify that the information supplied with this filing does not qualify for the 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: ANGELINA T. PULLEN

STD

02/28/2006

Electronic Signature of Signing Officer or Director

Date