2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000093986

P.O. BOX 496062

PORT CHARLOTTE, FL 339496062 US

Address:

City-St-Zip:

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

FILED Mar 15, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 13355 TAMIAMI TRAIL SUITE D NORTH PORT, FL 34287 US **New Mailing Address: Current 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 () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: PULLEN, ANGELINA T 13355 TÁMIAMI 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: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: PD () Delete Title: () Change () Addition PULLEN, ANN H Name: Name: P.O. BOX 381025 Address: Address: City-St-Zip: MURDOCK, FL 339381025 US City-St-Zip: Title: STD () Delete Title: () Change () Addition PULLEN, ANGELINA T Name: Name:

Address:

City-St-Zip:

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 03/15/2007