

FILED  
Jun 19, 2007 8:00 am  
Secretary of State

05-25-2007 90027 003 \*\*\*150.00

FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P05000094651
1. Entity Name
A UNIQUE TOUCH, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business PO BOX 5632 12560 Spring Hill DR	3. Mailing Address PO BOX 5632 12560 Spring Hill DR
Suite, Apt. #, etc.	Suite, Apt. #, etc.

66019441

DO NOT WRITE IN THIS SPACE

City & State SPRING HILL, FL	City & State	4. FEI Number 20-3179463	Applied For Not Applicable
Zip 34609	Country	Zip	Country
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE	7. Name and Address of Current Registered Agent	
	Name KATHERINE L. ALLEN	
	Street Address (P.O. Box Number is Not Acceptable) PO BOX 5632 12560 Spring Hill DR	
	City SPRING HILL	FL Zip Code 34609

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 <i>Katherine L. Allen</i>	DATE 6/12/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	
January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State	
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	

10. OFFICERS AND DIRECTORS		11.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT KATHERINE L. ALLEN PO BOX 5632 12560 Spring Hill DR SPRING HILL, FL 34609	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 on an attachment with an address, with all other like empowered.	
SIGNATURE: <i>Katherine L. Allen</i>	DATE 6/30/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR KATHERINE ALLEN	Daytime Phone # 352-666-0065