2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000101044

City-St-Zip: FORT PIERCE, FL 34954

Entity Name: CYNTHIA'S PROVIDING TOUCH, INC.

FILED Apr 29, 2009 Secretary of State

Current Principa	rent Mailing Address: BOX 2521 RT PIERCE, FL 34954 Number: 20-3170526 FEI Number Applied For () ne and Address of Current Registered Agent: EARN, JAMES J 6 NE 17TH COURT ISEN BEACH, FL 34957 above named entity submits this statement for the le State of Florida.	New Principal Place of Business:	
111 NW AILEEN ST PORT SAINT LUCIE, FL 34983 Current Mailing Address:		529 PRIMA VISTA BLVD STE 301H PORT SAINT LUCIE, FL 34983	
		New Mailing Address:	
P.O. BOX 2521 FORT PIERCE, F	FL 34954		
FEI Number: 20-317	0526 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()	
Name and Addre	ess of Current Registered Age	529 PRIMA VISTA BLVD STE 301H PORT SAINT LUCIE, FL 34983 New Mailing Address: Per Applied For () FEI Number Not Applicable () Certificate of Status Desired () gistered Agent: Name and Address of New Registered Agent: S statement for the purpose of changing its registered office or registered agent, or both, The of Registered Agent Date I Contribution (). ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Change () Addition Name:	
	OURT		
		r the purpose of changing its registered office or registered agent, or both,	
SIGNATURE:			
	Electronic Signature of Registere	d Agent Date	
Election Campaign	Financing Trust Fund Contribution ().	
OFFICERS AND	DIRECTORS:	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
	() Delete , CYNTHIA 3OX 2521	() 3 ()	

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: CYNTHIA HUNT DP 04/29/2009