2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000112413 1. Entity Name IN TOUCH COMMUNICATIONS INC					07 AUG 10 PH 4: 47	
Principal Place of Business 2000 N MERIDIAN RD # 193 TALLAHASSEE, FL 32303 TALLAHASSEE, FL 32303 Mailing Address 1500 APALACHEE PKWY GOV. SQUARE MALL - GO TALLAHASSEE, FL 3230			OLD CE	NTER		
2. Principal Place of Business - No P.O. Box # 3. Mailing Address 24/5 N. NONEGE 57						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			08102007 Chg-P CR2E034 (12/06)	
City & State TACCA HASSEE		City & State			4. FEI Number Applied For 20-4386054 Not Applicable	
Zip Country 32303 USA		Zip	Count	ry	5. Certificate of Status Desired \$8.75 Additional Fee Required	
Name and Address of Current Registered Agent				Name	7. Name and Address of New Registered Agent	
WADHWANNIA, IRSHAD 2000 N MERIDIAN RD #193 TALLAHASSEE, FL 32303				Street Address (P.O. Box Number is Not Acceptable)		
TALLAHASSEE, FL 32303			-			
				City 74	CLAHASSEE FL Zip Cod 3 Z 30	
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						
FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing Due by September 14, 2007 9. Election Campaign Financing Trust Fund Contribution. 9. Election Campaign Financing Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.						
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D NAME KAVR, R	AVNEER	N EW Delete	TITLE		PAVNEET KAUR. Achange Addition	
STREET ADDRESS 2000 N MERIDIAN RD #193 CITY-ST-ZIP TALLAHASSEE, FL 32303				ET ADDRESS 15	500 APALACHEE PKWY. ALLAHASSEE, FL-3230/	
TITLE			TITLE		☐ Change ☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP				ET ADDRESS - ST-ZIP		
IITLE N	Α Ι	☐ Delete	TITLE		☐ Change ☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP				E ET ADDRESS - ST - ZIP	600108026546 08/14/0701010017 **600.00	
TITLE NAME		☐ Delete	TITLE		☐ Change ☐ Addition	
STREET ADDRESS CITY-ST-ZIP			STRE	ET ADORESS - ST - ZIP		
TITLE		☐ Delete	TITLE		Change Addition	
NAME STREET ADDRESS CITY-ST-ZIP			3	E ET ADORESS -ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAMI STRE	E ET ADDRESS -S1-ZIP	☐ Change ☐ Addition	
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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DRIVE PROPER						