

2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P05000151089

FILED
Jun 27, 2006
Secretary of State

Entity Name: TOUCHED BY ANGEL CHILDBIRTH SERVICES, INC.

Current Principal Place of Business:

11901 DERBYSHIRE DRIVE
TAMPA, FL 33626

New Principal Place of Business:

3837 NORTHDAL BLVD.
286
TAMPA, FL 33624

Current Mailing Address:

11901 DERBYSHIRE DRIVE
TAMPA, FL 33626

New Mailing Address:

3837 NORTHDAL BLVD.
286
TAMPA, FL 33624

FEI Number: 86-1157861

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MEINER, SANDRA
11901 DERBYSHIRE DRIVE
TAMPA, FL 33626 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MEINER, SANDRA
Address: 11901 DERBYSHIRE DRIVE
City-St-Zip: TAMPA, FL 33626 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: MEINER, SANDRA
Address: 3837 NORTHDAL BLVD.
City-St-Zip: TAMPA, FL 33624 US

Title: P () Change (X) Addition
Name: MILLS, STEFANY L
Address: 3837 NORTHDAL BLVD.
City-St-Zip: TAMPA, FL 33624 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: STEFANY MILLS

P

06/27/2006

Electronic Signature of Signing Officer or Director

Date