

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000151089

FILED  
Mar 31, 2010  
Secretary of State

**Entity Name:** TOUCHED BY ANGEL CHILDBIRTH SERVICES, INC.

**Current Principal Place of Business:**

3837 NORTHDAL BLVD.  
286  
TAMPA, FL 33624

**New Principal Place of Business:**

3117 RESEDA CT  
286  
TAMPA, FL 33618

**Current Mailing Address:**

3837 NORTHDAL BLVD.  
286  
TAMPA, FL 33624

**New Mailing Address:**

3117 RESEDA CT  
TAMPA, FL 33618

**FEI Number:** 86-1157861

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MILLS, STEFANY L  
3837 NORTHDAL BLVD SUITE 286  
TAMPA, FL 33624 US

**Name and Address of New Registered Agent:**

MOORE, STEPHANIE  
3117 RESEDA CT  
TAMPA, FL 33618 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: STEPHANIE MOORE

03/31/2010

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P  
Name: MOORE, STEPHANIE  
Address: 3117 RESEDA CT  
City-St-Zip: TAMPA, FL 33618 US

I hereby 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 all other like empowered.

SIGNATURE: STEPHANIE MOORE

P

03/31/2010

Electronic Signature of Signing Officer or Director

Date