2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P06000046208

Entity Name: TOUCH TECHNOLOGY, INC.

FILED Dec 02, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

5409 N. STATE RD. 7 416 SE 11 COURT

TAMARAC, FL 33319 FT. LAUDERDALE, FL 33316

Current Mailing Address: New Mailing Address:

301 N. PINE ISLAND RD. 416 SE 11 COURT

150 FT. LAUDERDALE, FL 33316 PLANTATION, FL 33324

FEI Number: 87-0767823 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

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

BONILLA, CARLOS D D.C.
301 N. PINE ISLAND RD. #150
PLANTATION
FL, FL 33324 US
BONILLA, CARLOS D D.C.
4332 SEA GRAPE DR. #2
FT. LAUDERDALE
FL, FL 33308 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: CARLOS BONILLA, D.C. 12/02/2008

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition BONILLA, CARLOS D D.C. BONILLA, CARLOS D D.C. Name: Name: 301 N. PINE ISLAND RD. #150 Address: 4332 SEA GRAPE DR. #2 Address: City-St-Zip: PLANTATION, FL 33324 US City-St-Zip: FT. LAUDERDALE, FL 33308 US

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: CARLOS BONILLA, D.C. DR. 12/02/2008