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P06000065673  
**FILED****2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

8.

2007 NOV 15 AM 9:59

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

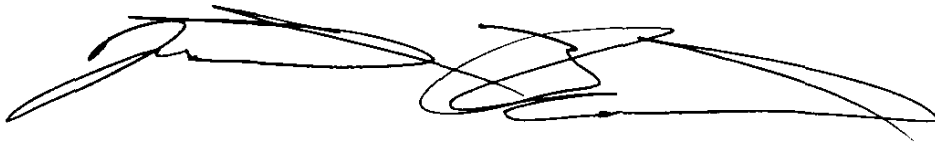
<b>DOCUMENT # P06000065673</b>			
1. Entity Name <b>UNIQUE TOUCH OF TAMPA BAY, INC.</b>			
Principal Place of Business <b>2208 RIDGEMORE DR VALRICO, FL 33594 US</b>		Mailing Address <b>2208 RIDGEMORE DR VALRICO, FL 33594 US</b>	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number		Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>BOUCOURT, JONATHAN 2208 RIDGEMORE DR. VALRICO, FL 33594</b>		Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agents signatures required when registering)</small>			
<b>FILE NOW!!! FEE IS \$550.00 Due by September 14, 2007</b>		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D BOUCOURT, JONATHAN 2208 RIDGEMORE DR. VALRICO, FL 33594</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 live empowered.			
SIGNATURE: 		Date: <b>8-10-07</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	

10/29/2007

To Whom It May Concern:

I Jonathan Boucourt owned the company by the name Unique Touch of Tampa Bay, Inc. corporate number P06000065673. I sent a letter stating that I did not received a notice to pay this corporation. The check was return to me and was told to fill out the form and resend. I did everything that I was told, my check was cashed I have included here as " Exhibit A " but my company was not restored. I want to now what happen.

Thank You

A handwritten signature in black ink, appearing to be 'Jonathan Boucourt', with a stylized, sweeping flourish at the end.

Jonathan Boucourt

My new address is :

Unique Touch of Tampa Bay, Inc.  
4408 Holloway Meadow Lane  
Plant City FL 33567