

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000088185

Entity Name: TOUCH CACCB INC.

FILED
Apr 16, 2009
Secretary of State

Current Principal Place of Business:

12950 RACE TRACK ROAD
SUITE 118
TAMPA, FL 33626 US

New Principal Place of Business:

Current Mailing Address:

1803 W. INMAN AVE.
TAMPA, FL 33606 US

New Mailing Address:

FEI Number: 20-5829108

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CZAJKA, ANNETTE
32003 W WALLACE AVE.
TAMPA, FL 33611 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DIR () Delete
Name: CZAJKA, COLLEEN
Address: 1803 W. INMAN AVE
City-St-Zip: TAMPA, FL 33606 US

Title: DIR () Delete
Name: CZAJKA, MICHELLE
Address: 3203 W. WALLACE AVE
City-St-Zip: TAMPA, FL 33611 US

Title: DIR () Delete
Name: CZAJKA, ANNETTE
Address: 3203 W. WALLACE AVE
City-St-Zip: TAMPA, FL 33611 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: OWNE (X) Change () Addition
Name: CZAJKA, COLLEEN A OWNER
Address: 1803 W. INMAN AVE
City-St-Zip: TAMPA, FL 33606 US

Title: DIR (X) Change () Addition
Name: CZAJKA, MICHELLE A OWNER
Address: 3203 W. WALLACE AVE
City-St-Zip: TAMPA, FL 33611 US

Title: DIR (X) Change () Addition
Name: CZAJKA, ANNETTE M DIR
Address: 3203 W. WALLACE AVE
City-St-Zip: TAMPA, FL 33611 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: MICHELLE CZAJKA

OWNE

04/16/2009

Electronic Signature of Signing Officer or Director

Date