## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P06000097940

Entity Name: SOFT TOUCH TOTAL BODY CARE, INC

FILED Sep 14, 2007 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:	
	123RD PLACE AD, FL 33032	US		
Current Mailing Address:			New Mailing Address:	
	123RD PLACE AD, FL 33032	US		
FEI Number:	20-8293009	FEI Number Applied For ( ) FEI Num	nber Not Appli	cable ( ) Certificate of Status Desired (X)
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:				
WOODS, ANNETTE 25003 S.W. 123RD PLACE HOMESTEAD, FL 33032 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:				
	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: Name: Address: City-St-Zip: Title: Name:	P ()D WOODS, ANNET 25003 S.W. 123R HOMESTEAD, FL	TE RD PLACE 33032	Title: Name: Address: City-St-Zip: Title: Name:	P (X) Change ( ) Addition ANNETTE WOODS, 25003 S.W. 123RD PLACE HOMESTEAD, FL 33032  P ( ) Change (X) Addition ANNETTE WOODS, 25003 S.W. 123RD PLACE
Address: City-St-Zip:			Address: City-St-Zip:	25003 SW 123RD PLACE HOMESTEAD, FL 33032
Title: Name: Address: City-St-Zip:	()D	elete	Title: Name: Address: City-St-Zip:	P () Change (X) Addition ANNETTE WOODS, 25003 S.W. 123RD PLACE HOMESTEAD, FL 33032
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Title: Name: Address: City-St-Zip:	() D	elete	Title: Name: Address: City-St-Zip:	P () Change (X) Addition ANNETTE WOODS, 25003 S.W. 123RD PLACE HOMSETEAD, FL 33032

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: ANNETTE WOODS P 09/14/2007