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Apr 23, 2007 8:00 am
Secretary of State
04-02-2007 90058 008 ***150.00

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P06000130691

1. Entity Name
TOUCHSTONE AT THE ART DISTRICT, INC.

Principal Place of Business	Mailing Address
2390 TAMIAMI TRAIL N., STE. 204 C/O KELLY, PASSIDOMO, ALBA & CASSNER, LLP NAPLES, FL 34103	2390 TAMIAMI TRAIL N., STE. 204 C/O KELLY, PASSIDOMO, ALBA & CASSNER, LLP NAPLES, FL 34103
2. Principal Place of Business - No P.O. Box # 8551 VIA RAPALLO Suite, Apt. #, etc.	3. Mailing Address 8551 VIA RAPALLO Suite, Apt. #, etc.
City & State: ESTERO FL	City & State: ESTERO FL
Zip: 33928 Country: USA	Zip: 33928 Country: USA

03162007 Chg-P CR2E034 (12/06)

4. FEI Number 56-2612738 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PASSIDOMO, KATHLEEN C.
2390 TAMIAMI TRAIL N., STE. 204
C/O KELLY, PASSIDOMO, ALBA & CASSNER, LLP
NAPLES, FL 34103

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL 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 ______________________________
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ $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	D WALLACE, JAMES P. 9126 THE LANE NAPLES, FL 34109	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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 like empowered.

SIGNATURE: [signature] VP Ed Dwier 3-16-07 239 948 2929
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #