

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000100163

**FILED**  
**Jan 26, 2009**  
**Secretary of State**

**Entity Name:** ANGEL TOUCH DAY SPA INCORPORATED

**Current Principal Place of Business:**

653 SOUTH VOLUSIA AVENUE  
ORANGE CITY, FL 32763

**New Principal Place of Business:**

366 E. GRAVES AVE  
SUITE B  
ORANGE CITY, FL 32763

**Current Mailing Address:**

653 SOUTH VOLUSIA AVENUE  
ORANGE CITY, FL 32763

**New Mailing Address:**

366 E. GRAVES AVE  
SUITE B  
ORANGE CITY, FL 32763

**FEI Number:** 26-0860395

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MANCINI, PEGGY  
2507 DUMAS DRIVE  
DELTONA, FL 32738 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: P ( ) Delete  
Name: STROBEL, CHERYL A  
Address: 1440 BROKEN PINE ROAD  
City-St-Zip: DELTONA, FL 32725

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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:** CHERYL STROBEL

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01/26/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date