2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 27, 2009
Secretary of State

DOCUMENT# P07000119385

Entity Name: FAITHFUL TOUCH INC.

Current Principal Place of Business:

FAITHFUL TOUCH INC.
2946 CAPPER ROAD
JACKSONVILLE, FL 32218

New Principal Place of Business:

Current Mailing Address:

FAITHFUL TOUCH INC.
2946 CAPPER ROAD
JACKSONVILLE, FL 32218

New Mailing Address:

FEI Number: 26-1333194 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

BURGIN, KIMBERLY S
FAITHFUL TOUCH INC.
2946 CAPPER ROAD
JACKSONVILLE, FL 32218 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: BURGIN, KIMBERLY S
Address: 2946 CAPPER ROAD
City-St-Zip: JACKSONVILLE, FL 32218

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition
Name: BURGIN, KIMBERLY S
Address: 2946 CAPPER ROAD
City-St-Zip: JACKSONVILLE, FL 32218

Title: VPRE ( ) Change (X) Addition
Name: HAYWOOD, TANYA
Address: 7454 SMYRNA ST.
City-St-Zip: JACKSONVILLE, FL 32208

Title: TRES ( ) Change (X) Addition
Name: BURGIN, AARON D
Address: 2946 CAPPER ROAD
City-St-Zip: JACKSONVILLE, FL 32218

Title: MEM ( ) Change (X) Addition
Name: HOFFMAN, JACQELYN
Address: 7454 SMYRNA ST
City-St-Zip: JACKSONVILLE, FL 32208

Title: MEM ( ) Change (X) Addition
Name: BURGIN, AUDRIEANNA
Address: 2946 CAPPER ROAD
City-St-Zip: JACKSONVILLE, FL 32218

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: KIMBERLY S. BURGIN PRES 08/27/2009

Electronic Signature of Signing Officer or Director — Date