

## **2010 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P08000059790

**FILED**  
**Feb 22, 2010**  
**Secretary of State**

**Entity Name:** AFFLUENT TOUCHPOINTS INC.

**Current Principal Place of Business:**

175 1ST ST S  
NO. 515  
ST. PETERSBURG, FL 33701

**New Principal Place of Business:**

145 2ND AVE SOUTH  
NO. 515  
ST. PETERSBURG, FL 33701

**Current Mailing Address:**

175 1ST ST S  
NO. 515  
ST. PETERSBURG, FL 33701

**New Mailing Address:**

145 2ND AVE SOUTH  
NO. 515  
ST. PETERSBURG, FL 33701

**FEI Number:** 26-2832683

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

URKEN, JULI  
175 1ST ST. S  
NO. 515  
ST. PETERSBURG, FL 33701 US

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

URKEN, JULI  
145 2ND AVE SOUTH  
NO. 515  
ST. PETERSBURG, FL 33701 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: JULI URKEN

02/22/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: CEO  
Name: URKEN, JULI  
Address: 145 2ND AVE S NO. 515  
City-St-Zip: ST. PETERSBURG, FL 33701

Title: PRES  
Name: URKEN, JULI  
Address: 145 2ND AVE SOUTH NO. 515  
City-St-Zip: ST. PETERSBURG, FL 33701

I hereby 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 all other like empowered.

SIGNATURE: JULI URKEN

CEO

02/22/2010

Electronic Signature of Signing Officer or Director

Date