

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000026454

**FILED**  
**Apr 28, 2011**  
**Secretary of State**

**Entity Name:** MICHELLE'S PERSONAL TOUCH PROFESSIONAL SERVICES, INC.

**Current Principal Place of Business:**

1910 S.E. HILLMOOR DRIVE, SUITE #39  
PORT ST. LUCIE, FL 34952

**New Principal Place of Business:**

15005 COASTAL BAY CIRCLE  
12204  
NAPLES, FL 34119

**Current Mailing Address:**

1910 S.E. HILLMOOR DRIVE, SUITE #39  
PORT ST. LUCIE, FL 34952

**New Mailing Address:**

15005 COASTAL BAY CIRCLE  
12204  
NAPLES, FL 34119

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

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

VAN LUVENDER, SHELLY L  
1910 S.E. HILLMOOR DRIVE, SUITE #39  
PORT ST. LUCIE, FL 34952    US

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

VAN LUVENDER, SHELLY L  
15005 COASTAL BAY CIRCLE  
12204  
NAPLES, FL 34119 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

04/28/2011

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title:            PST  
Name:            VAN LUVENDER, SHELLY L  
Address:        15005 COASTAL BAY CIRCLE, # 12204  
City-St-Zip:    NAPLES, FL 34119

Title:            VP  
Name:            VAN LUVENDER, RAYMOND E III  
Address:        15005 COASTAL BAY CIRCLE, # 12204  
City-St-Zip:    NAPLES, FL 34119

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: SHELLY L. VAN LUVENDER

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

PST

04/28/2011

\_\_\_\_\_  
Date