FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 AM 9:08

DOCUMENT # **P94000046788 (3)**

1. Corporation Name
DAISY TOUCH INTERNATIONAL, INC.

Principal Place of Business	Mailing Address
337 CITRUS ST ALTAMONTE SPRINGS FL 32714	337 CITRUS ST ALTAMONTE SPRINGS FL 32714

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/20/1994
3a. Date of Last Report:

2. Principal Place of Business (21)
2a. Mailing Address (26)
4. FEI Number — [X] Applied For [ ] Not Applicable
Suite, Apt. #, etc. (22) / Suite, Apt. #, etc. (27)
5. Certificate of Status Desired [ ] — $8.75 Additional Fee Required
City & State (23) / City & State (28)
6. Election Campaign Financing Trust Fund Contribution [ ] — $5.00 May Be Added to Fees
Zip (24) / Country (25) / Zip (29) / Country (30)
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes [ ] Yes [ ] No

9. Name and Address of Current Registered Agent

GABALDOM, GUY
337 CITRUS ST
ALTAMONTE SPRINGS FL 32714

10. Name and Address of New Registered Agent

81 Name: Brunilda OBuhosky
82 Street Address (P.O. Box Number is Not Acceptable): 337 Citrus St.
83
84 City: Altamonte Springs FL 85 Zip Code: 32714

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: * [signature] (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE	President	[X] Change [ ] Addition
NAME	OBUHOSKY, BRUNILDA	12 NAME	Obuhosky, Brunilda	
STREET ADDRESS	337 CITRUS ST	13 STREET ADDRESS	337 W. Citrus St.	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714	14 CITY-ST-ZIP	Altamonte Spr. FL	
TITLE	D	21 TITLE	Vice-President	[ ] Change [X] Addition
NAME	GABALDON, GUY JR	22 NAME	Obuhosky, Bob	
STREET ADDRESS	337 CITRUS ST	23 STREET ADDRESS	337 W. Citrus St.	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714	24 CITY-ST-ZIP	Altamonte Spr., FL	
TITLE		31 TITLE	Treasurer	[ ] Change [X] Addition
NAME		32 NAME	Izquierdo, Jennifer	
STREET ADDRESS		33 STREET ADDRESS	337 W. Citrus St.	
CITY-ST-ZIP		34 CITY-ST-ZIP	Altamonte Spr., FL	
TITLE		41 TITLE		[ ] Change [ ] Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		[ ] Change [ ] Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		[ ] Change [ ] Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

REMITTED BY MAY 1

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: * [signature] 5/2 95
SIGNATURE AND TYPED OR PRINTED NAME OF DIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #: 407 682 1135

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