


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 25, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P94000089897</b> 1. Entity Name <b>HIGH TOUCH-HIGH TECH OF GREATER ATLANTA, INC.</b>					
Principal Place of Business <b>11205 ALPHARETHA HWY ROSWELL GA 33076</b>			Mailing Address <b>11205 ALPHARETHA HWY ROSWELL GA 33076</b>		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. —		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>65-0554037</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  <b>NICKOLAS, RICHARD 7078 NW 67 TERRACE PARKLAND FL 33067</b>				<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b> Zip Code</span>	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reconstituting) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY ST ZIP	PS NICHOLAS, RICHARD 7078 NW 67 TERRACE PARKLAND FL 33067	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	U000000603867 01/29/07-80031-012 150.00	
TITLE NAME STREET ADDRESS CITY ST ZIP	V IACHETTA, HELENE M 2605 GRIST MILL RD MARIETTA GA 30068	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY ST ZIP	T NICHOLAS, DIANNE 170 ALLMOND LANE ALPHARETTA GA 30004	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
<b>SIGNATURE:</b> <i>Richard Nicholas</i> <b>Richard Nicholas</b> <span style="float: right;">1/23/07 770-687-5443</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

