


FILED  
Feb 14, 2008 8:00 am  
Secretary of State

02-14-2008 90014 049 \*\*\*150.00

2008 FOR PROFIT CORPORATION  
ANNUAL REPORT

|  |   |  |  |
|--|---|--|--|
| <b>DOCUMENT # P94000089897</b>   |   |   |  |
| 1. Entity Name<br>HIGH TOUCH-HIGH TECH OF GREATER ATLANTA, INC.  |   |  |  |
| Principal Place of Business<br>11205 ALPHARETHA HWY<br>ROSWELL, GA 33076   |   | Mailing Address<br>11205 ALPHARETHA HWY<br>ROSWELL, GA 33076   |  |
| 2. Principal Place of Business - No P.O. Box #   |   | 3. Mailing Address   |  |
| Suite, Apt. #, etc.  |   | Suite, Apt. #, etc.  |  |
| City & State   |   | City & State   |  |
| Zip  | Country   | Zip  | Country  |
| 4. FEI Number<br>65-0554037  |   | Applied For<br>Not Applicable  |  |
| 5. Certificate of Status Desired <input type="checkbox"/>  |   | \$8.75 Additional Fee Required   |  |
| 6. Name and Address of Current Registered Agent<br>NICHOLAS<br>NICKOLAS, RICHARD<br>7078 NW 67 TERRACE<br>PARKLAND, FL 33067   |   | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>FL Zip Code |  |
| 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 re-registering) DATE _____   |   |  |  |
| FILE NOW!!! FEE IS \$150.00<br>After May 1, 2008 Fee will be \$550.00  |   | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees                  |  |
| 10. OFFICERS AND DIRECTORS   |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | PS<br>NICHOLAS, RICHARD<br>7078 NW 67 TERRACE<br>PARKLAND, FL 33067 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | V<br>IACHETTA, HELENE M<br>2605 GRIST MILL RD<br>MARIETTA, GA 30068 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | NEIMS, HELENE M <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br>2605 GRIST MILL RD<br>MARIETTA, GA 30068 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | T<br>NICHOLAS, DIANNE<br>170 ALLMOND LANE<br>ALPHARETTA, GA 30004 <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>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 Chapter 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. |   |  |  |
| SIGNATURE: <u>Richard Nicholas</u><br>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   |   | Date: <u>2/6/08</u> Daytime Phone #: <u>770-687-9443</u>   |  |