## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 23, 2008 08:00 AM Secretary of State

ANNUAL REPORT				_	Secretary of Stat			
DOCUMENT # P96000032526					ì	Secretai	y or Star	
1. Entity Name IN TOUCH BOOKKEEPING, INC.								
Principal Place	e of Business	Mailing Address	· /	1				
3554 WOODS		3554 WOODS WALK BLVD	JS			•		
LAKE WORTH	, FL 33467 US ·	LAKE WORTH, FL 33467 (	າວ	h aftificiums iii	i iona Silli Chin San Fai	n seise ille lisei sille li		
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DO NOT WRITE IN THIS SPACE				04162008	No Chg-P	CR2E034 (11/	05)	
				4. FEI Number Applied For 65-0672007 Not Applicable				
full <del>amen d</del> . Bilds gönness				of Status Desired		Additional		
	6. Name and Address of Current F	legistered Agent		1		Fee Re	quired	
MAZICVA	MADIE		]	50	NOT 14	. Inc. 3 also less		
MATISKA, MARIE 3554 WOODS WALK BLVD				DO-NOT WRITE				
LAKE WORTH, FL 33467				IN 7	THIS SF	ACE		
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8. The above	named entity submits this statement for	the purpose of changing its registe	red office or registe	ered agent, or bo	th, in the State of Fl	orida. I am lamiliar	with, and accept	
the obligati	ions of registered agent.			:	4.	19 ** ** ** ** ** ** ** ** ** ** ** ** **		
SIGNATURE_	Signature, typed or printed name of registered agent #	nd title if applicable. (NOTE, Register	red Agent signature require	ed when reinstating)		DATE		
				<del> </del>	<u> </u>			
	E NOW!!! FEE 13 \$150.00 ny 1, 2008 Fee will be \$550.0	S. Election Campaign Final     Trust Fund Contribution		5.00 May Be ded to Fees				
10.	OFFICERS AND	DIRECTORS						
TITLE NAME	P MATISKA, VIVIAN MARIE							
STREET ADDRESS	165 NW 80 AVE				U0000	00916882	4 4 5 0 00	
CITY-ST-ZIP TITLE	MARGATE, FL 33063		-		05/13/0	9-80019-00	4 150.00	
NAME								
STREET ADDRESS   City-St-Zip							ļ	
TITLE			1				}	
NAME							ĺ	
STREET ADDRESS CITY-ST-ZIP			1 .	, DO	NOT W	/RITE	, [	
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NAME STREET ADDRESS	,			<i>*</i> .	. h			
CITY-ST-ZIP		<u> </u>	· · · · · · · · · · · · · · · · · · ·	يره ومسواله والسيار	ج <del>ئى<sub>لىك</sub>ارۇ بەرسىنى</del> ك	. په خپوست	·-	
TITLE	•							
NAME STREET ADDRESS								
CITY-ST-ZIP								

12. I hereby certify that the information supplied with this filling 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:

Daytime Phone #