


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 27, 2007 8:00 am**  
**Secretary of State**

04-27-2007 90185 044 \*\*\*150.00

<b>DOCUMENT # P96000034307</b> 1. Entity Name <b>GET IN TOUCH, INC.</b>					
Principal Place of Business <b>6900 PHILIPS HWY STE 23 JACKSONVILLE, FL 32216</b>			Mailing Address <b>6900 PHILIPS HWY STE 23 JACKSONVILLE, FL 32216</b>		
2. Principal Place of Business - No P.O. Box # <b>200 COMMERCIAL DR.</b>		3. Mailing Address <b>200 COMMERCIAL DR</b>			
Suite, Apt. #, etc. <b>1</b>		Suite, Apt. #, etc. <b>1</b>			
City & State <b>SAINT AUGUSTINE, FL</b>		City & State <b>SAINT AUGUSTINE, FL</b>		4. FEI Number <b>59-3380835</b>	
Zip <b>32092-0917</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>JORGENSEN, MIKE 11250 ST AUGUSTINE RD 15-353 JACKSONVILLE, FL 32257</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE D NAME ROBINSON, SCOTT A STREET ADDRESS 6900 PHILLIPS HIGHWAY, SUITE 23 CITY-ST-ZIP JACKSONVILLE, FL 32216	<input type="checkbox"/> Delete		TITLE D NAME ROBINSON, SCOTT A STREET ADDRESS 200 COMMERCIAL DR., SUITE 1 CITY-ST-ZIP SAINT AUGUSTINE, FL 32092-0917	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE PST NAME ROBINSON, SCOTT A STREET ADDRESS 6900 PHILLIPS HIGHWAY, SUITE 23 CITY-ST-ZIP JACKSONVILLE, FL 32216	<input type="checkbox"/> Delete		TITLE PST NAME ROBINSON, SCOTT A STREET ADDRESS 200 COMMERCIAL DR., SUITE 1 CITY-ST-ZIP SAINT AUGUSTINE, FL 32092-0917	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <b>4/16/07</b> Daytime Phone # <b>(904) 584-1800</b>		