

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000006663

FILED  
Mar 20, 2011  
Secretary of State

**Entity Name:** TOUCHTAPE, INCORPORATED

**Current Principal Place of Business:**

1700 LAKESIDE AVE  
SAINT AUGUSTINE, FL 32084 US

**New Principal Place of Business:**

**Current Mailing Address:**

1700 LAKESIDE AVE  
SAINT AUGUSTINE, FL 32084 US

**New Mailing Address:**

FEI Number: 02-0441538

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BOYLE, RICHARD E  
1700 LAKESIDE AVE  
SAINT AUGUSTINE, FL 32084 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: BOYLE, RICHARD E  
Address: 1700 LAKESIDE AVE  
City-St-Zip: SAINT AUGUSTINE, FL 32084

Title: TD  
Name: BOYLE, CAROLE H  
Address: 1700 LAKESIDE AVE  
City-St-Zip: SAINT AUGUSTINE, FL 32084

Title: PD  
Name: BOYLE, DAVID F  
Address: 1700 LAKESIDE AVE  
City-St-Zip: SAINT AUGUSTINE, FL 32084

Title: D  
Name: BOYLE, KATE M  
Address: 1700 LAKESIDE AVE  
City-St-Zip: SAINT AUGUSTINE, FL 32084

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: RBOYLE

PD

03/20/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date