## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000092054

City-St-Zip:

TAMPA, FL 33629

Entity Name: GOLDEN TOUCH MASSAGE, INC.

FILED Apr 13, 2009 Secretary of State

| Current Principal Place of Business:                            |                                  | New Principal Place o              | New Principal Place of Business:             |  |
|---|----------------------------------|------------------------------------|--|--|
| 3601 W. AZEELE STREET,<br>TAMPA, FL 33609 US                    |                                  | STE # 301                          |  |  |
| Current Mailing Address:  |                                  | New Mailing Address:               | New Mailing Address:                         |  |
| 3616 SOUTH OMAR AVE<br>TAMPA, FL 33629 US                       |                                  |                                    |  |  |
| FEI Number: 59-3477340  | FEI Number Applied For ( )       | FEI Number Not Applicable ( )      | Certificate of Status Desired ( )            |  |
| Name and Address of C   | urrent Registered Agent:         | Name and Address of                | Name and Address of New Registered Agent:    |  |
| CURPHEY, WILLIAM E<br>101 E KENNEDY BLVD,<br>TAMPA, FL 33602 US |                                  |                                    |  |  |
| The above named entity s in the State of Florida.               | submits this statement for the p | ourpose of changing its registered | office or registered agent, or both,         |  |
| SIGNATURE:  |                                  |                                    |  |  |
| Electron  | ic Signature of Registered Age   | ent                                | Date   |  |
| Election Campaign Financing                                     | Trust Fund Contribution ( ).     |                                    |  |  |
| OFFICERS AND DIRECTORS:   |                                  | ADDITIONS/CHANGES                  | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: |  |
| Title: PTSD () Name: GOLDEN, KARE Address: 3616 SOUTH O         |                                  | Title: (<br>Name:<br>Address:      | ) Change ( ) Addition                        |  |

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: KAREN S. GOLDEN RN , LMT PRES 04/13/2009