

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000087238

FILED
Apr 29, 2005
Secretary of State

Entity Name: THE MASTER'S TOUCH SERVICES INC.

Current Principal Place of Business:

1091 E COMMERCIAL BLVD
FORT LAUDERDALE, FL 33334

New Principal Place of Business:

Current Mailing Address:

1091 E COMMERCIAL BLVD
FORT LAUDERDALE, FL 33334

New Mailing Address:

FEI Number: 65-0880664

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LOTTERMAN, KIM J
1091 E COMMERCIAL BLVD
FORT LAUDERDALE, FL 33334 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: LOTTERMAN, KIM J
Address: 5749 WIND DRIFT LANE
City-St-Zip: BOCA RATON, FL 33433 US

Title: VP () Delete
Name: LOTTERMAN, LUCY
Address: 5749 WIND DRIFT LANE
City-St-Zip: BOCA RATON, FL 33433 US

Title: T () Delete
Name: LOTTERMAN, JASON
Address: 1885 PALM COVE BLVD #107
City-St-Zip: DELRAY BEACH, FL 33445 US

Title: S () Delete
Name: LOTTERMAN, KEVIN
Address: 136 S. CYPRESS RD #316
City-St-Zip: POMPANO BEACH, FL 33060 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: KIM J. LOTTERMANN

PRES

04/29/2005

Electronic Signature of Signing Officer or Director

Date