2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 21, 2005 8:00 am Secretary of State

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	DOCUMENT # P98000102858 1. Entity Name UNIQUE TOUCH COMMERCIAL SERVICES, INC.					03-21-2005 90086 036 ***158.75				
Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. City & State South Address of Status Desired \$8.75 Additional Fige Required Agent 7. Name and Address of New Registered Agent Name PREWETT, DANIEL L STREY ADDITION ACCeptable) City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both in the State of Florida, I am familiar with, and accidence of registered agent. SIGNATURE Signature, speed or perison leave of registered agent. MOTE: Registered Agent upon or required many difficulty in the State of Florida, I am familiar with, and accidence of registered agent. SIGNATURE FILE NOWIII FEE IS \$150.00 After May 1, 2005 Fee will be \$\$50.00 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 MAKE SIREE ADDRESS CITY-ST-2P TITLE MAKE SIREE ADDRESS CITY-ST-2P TITLE MAKE SIREE ADDRESS SIREE ADDRESS	15 PARADISE PLAZA #215		15 PARADISE PLAZA #215							
City & State City & State Desired State	2. Principal Place of Business		3. Mailing Address							
Zip Country Zip Country S. Countr	Suite, Apt. #, etc.		Suite, Apt. #, etc.			02142005	Chg-P	CR2E03	34 (10/03)	
Secreticate of Status Desired Secreticate Secreticat	City & State		City & State			1	158		<u> </u>	 _
6. Name and Address of Current Registered Agent PREWETT, DANIEL L 5777 BENEVA RD SOUTH SARASOTA, FL 34233 City FL 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 act the obligations of registered agent. SIGNATURE Sprukes typed or pretor tense of registered agent and the respiratory. FILE NOWITH FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. TO FICERS AND DIRECTORS STREET ADDRESS CITY-ST-2P TITLE NAME SIRRET ADDRESS SIRRET ADDRESS CITY-ST-2P TITLE NAME SIRRET ADDRESS SIR	Zip Country		Zìp	Country					8.75 Add	tional
PREWETT, DANIEL L 5777 BENEVA RD SOUTH SARASOTA, FL 34233 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 act the obligations of registered agent. SIGNATURE Signature Face of registered agent and title i sportcable. PRILE NOWITI FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution. 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ITILE D KO, BRUCE 15 PARADISE PLAZA #215 STREET ADDRESS CITY-ST-2P ITILE NAME STR	. 	6. Name and Address of Current Re	egistered Agent		T	7. Name and A	ddress of New R			
Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable)				-	Name					
Entry above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and act the obligations of registered agent. SIGNATURE: Signature, typed or periods have of registered agent and one of accidable. (NOTE Registered Agent signature required when reinstating) DATE	5777 BENÉVA RD SOUTH				Street Address (P.O. Box Number is Not Acceptable)					
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 act the obligations of registered agent. SIGNATURE Signature, typed or priced name of registered agent and tell if applicable. (NOTE Registered Agent signature required when remasting) DATE FILE NOWITH FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees Added to Fees STRET ADDRESS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 INTLE DC KO, BRUCE STRET ADDRESS 15 PARADISE PLAZA #215 STREET ADDRESS 15 PARADISE PLAZA #215 STREET ADDRESS CITY-S1-ZP ITILE MAME STREET ADDRESS CITY-S1-ZP ITILE STREET ADDRESS CITY-S		A, I E 04200								
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TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(ii). Florida Statutes. I further certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(ii). Florida Statutes. I further certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(ii). Florida Statutes. I further certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(ii). Florida Statutes. I further certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(ii). Florida Statutes. I further certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(ii). Florida Statutes. I further certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(ii).	NAME STREET ADDRESS CITY-ST-ZIP	codify that the information available in		NAM STR	ME IEET ADDRESS Y-ST-ZIP	140.07(0)		16 mb		☐ Addition

12. Thereby certify that the information supplied with this filing does not qualify 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

/3/11/05

124-1800