2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2005
Secretary of State

DOCUMENT# P99000021176

Entity Name: HEALTHY TOUCH, INC.

Current Principal Place of Business:

1450 STATE ROAD 434 W
LONGWOOD, FL 32750

New Principal Place of Business:

1250 STATE ROAD 434 W
1004
LONGWOOD, FL 32750

Current Mailing Address:

1450 STATE ROAD 434 W
STE 100
LONGWOOD, FL 32750

New Mailing Address:

1100 PINE MEADOWS GOLF COURSE RD
EUSTIS, FL 32726

FEI Number: 59-3572894 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

VANDEWATER, GLENN T
283 N. NORTHLAKE BLVD. STE. 111
ALTAMONTE SPRINGS, FL 32701 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: D ( ) Delete
Name: DURELL, BERNARD L
Address: 1450 SR 434 W STE 100
City-St-Zip: LONGWOOD, FL 32750

Title: D ( ) Delete
Name: DURELL, SANDRA W
Address: 1450 SR 434 W STE 100
City-St-Zip: LONGWOOD, FL 32750

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: DURELL, BERNARD L
Address: 1100 PINE MEADOWS GOLF COURSE RD
City-St-Zip: EUSITS, FL 32726

Title: D (X) Change ( ) Addition
Name: DURELL, SANDRA W
Address: 1100 PINE MEADOWS GOLF COURSE RD
City-St-Zip: EUSTIS, FL 32726

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: SANDRA DURELL PRES 04/14/2005

Electronic Signature of Signing Officer or Director — Date