FROM : FAX NO. : 4078314407

FILED
May 06, 2005 8:00 am
Secretary of State
05-06-2005 90103 017 ***150.00

FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000040705

1. Entity Name
TOUCH SYSTEM, INC.

Principal Place of Business
169 BELLHAVEN FALLS DRIVE
OCOEE, FL 34761

Mailing Address
165 BELLHAVEN FALLS DRIVE
OCOEE, FL 34761

50050434

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3374204 59-357444

Applied For

Certificate of Status Desired

$8.75 Additional Fee Required

5. Name and Address of Current Registered Agent

ARCHANA JOHRI
169 BELLHAVEN FALLS DRIVE
OCOEE, FL 3476

DO NOT WRITE IN THIS SPACE

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 accept, the obligations of registered agent.

SIGNATURE ____ Date

FILE NOW!!! 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

OFFICERS AND DIRECTORS

TITLE	P
NAME	JOHRI, ARCHANA
STREET ADDRESS	165 BELLHAVEN FALLS DR
CITY-ST-ZIP	OCOEE, FL 34761
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 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: AJohri (407) 4/18/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #