2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000069914

1. Entity Name

DE SOUSA TOUCH, INC.



Principal Place of Business

Mailing Address

7844 ORLEANS STREET MIRAMAR, FL 33023 7844 ORLEANS STREET MIRAMAR, FL 33023

FILED Apr 11, 2006 8:00 am Secretary of State

04-11-2006 90102 031 ***150.00

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04052006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0937907 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

VILLAMIZAR, NELLY M 7179 PEMBROKE RD HOLLYWOOD, FL 33023

DO NOT WRITE IN THIS SPACE

e.					
the obligat	named entity submits this statement for the pions of registered agent.	purpose of changing its registere	d office or r	egistered agent, or b	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE_	Signature, typed or printed name of registered agent and title	if applicable. (NOTE: Registered	Agent signature	required when reinstating)	DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		Election Campaign Financ Trust Fund Contribution.	ing	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	CTORS			
TITLE NAME STREET ADDRESS CATY-ST-ZIP	PVST DE SOUSA, ORLANDO 7844 ORLEANS STREET MIRAMAR, FL 33023				
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO NOT WRITE IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 attachmept with an address, with all other like empowered.

SIGNATURE: 4

ATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/05/06 (954) 986 1071