

2005 FOR PROFIT CORPORATION ANNUAL REPORT

8/15/2005-90083-002-\$150.00-\$150.00

DOCUMENT # P99000096100	
1. Entity Name TOUCH OF QUALITY CLEANERS, INC.	
Principal Place of Business 37948 MERIDIAN AVE DADE CITY, FL 33525	Mailing Address 37948 MERIDIAN AVE DADE CITY, FL 33525



FILED

05 OCT 11 PM 6:51

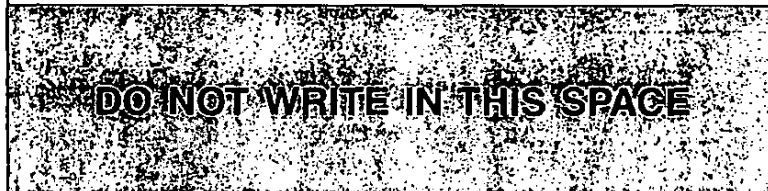
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Handwritten signature

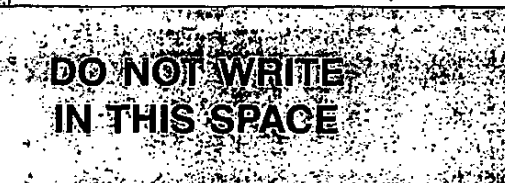


05112005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3604437	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	



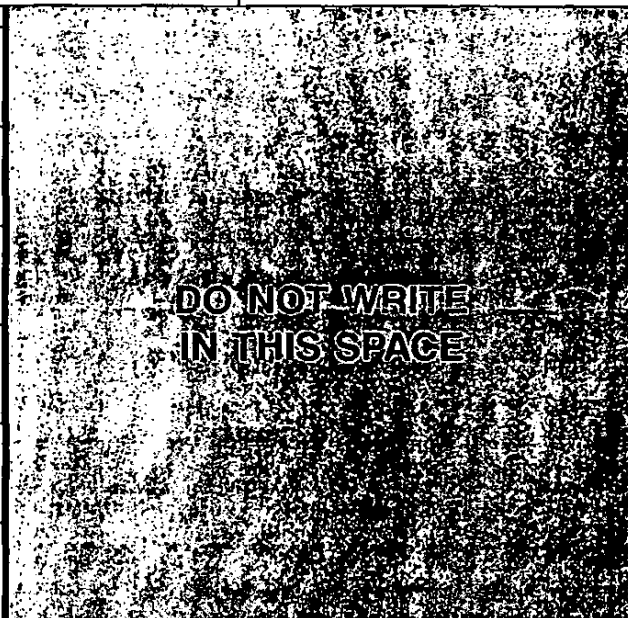
6. Name and Address of Current Registered Agent POWELL, SANDRA S 20431 YONTZ RD BROOKSVILLE, FL 34601	
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE <i>Sandra S. Powell</i> <small>Signature, typed or printed name of registered agent and state if applicable.</small>	DATE <i>7/5/05</i> <small>(NOTE: Registered Agent signature required when reinstating)</small>

FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	400060208344 10/04/05--01010--014 **400.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D POWELL, SANDRA S 20431 YONTZ RD BROOKSVILLE, FL 34601
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BUTTELMAN, STACEY S 400 EDERINGTON DR BROOKSVILLE, FL 34601
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BUTTELMAN, THOMAS C 400 EDERINGTON DR BROOKSVILLE, FL 34601
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 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: <i>Sandra S. Powell</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	DATE <i>7/5/05</i> <small>Date</small>	302-796-7965 <small>Daytime Phone #</small>
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