


2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 12, 2008 8:00 am
Secretary of State

05-12-2008 90031 025 ***150.00

DOCUMENT # P99000096933

1. Entity Name
PERSONAL TOUCH ENTERPRISES BY K & D, INCORPORATED



Principal Place of Business: **4284 ENTERPRISE AVE., B-10 NAPLES FL 34104**

Mailing Address: **4001 SANTA BARBARA BLVD., #314 NAPLES FL 34104**



2. Principal Place of Business - No P.O. Box #: **3514 Plover Ave**

3. Mailing Address: **3514 Plover Ave**

Suite, Apt. #, etc.

1st MOORE CR2E034 (10/07)

City & State: **Naples FL**

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Zip: **34117** County: **Collier**

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4. FEI Number: **59-3607970**

Applied For: Not Applicable

5. Certificate of Status Desired: **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

FOLEY, NICOLE
222 INDUSTRIAL BLVD.
SUITE 160
NAPLES FL 34104

7. Name and Address of New Registered Agent

Name: **Nicole Foley Solow**

Street Address (F.O. Box Number is Not Acceptable): **3514 Plover Ave**

City: **Naples** FL Zip: **34117**

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: *Nicole Foley Solow*

Signature, typed or printed name of registered agent, if applicable. (NOTE: Registered Agent signature requires when removing) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution: **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE: P	NAME: SOLOW, DAVID I	<input type="checkbox"/> Delete
STREET ADDRESS: 6235 14TH AVE SW	CITY-ST-ZIP: NAPLES FL 34116	
TITLE: VP	NAME: SOLOW, KENNETH	<input type="checkbox"/> Delete
STREET ADDRESS: 510 15TH AVENUE SW	CITY-ST-ZIP: NAPLES FL 34117	
TITLE:	NAME:	<input type="checkbox"/> Delete
STREET ADDRESS:	CITY-ST-ZIP:	
TITLE:	NAME:	<input type="checkbox"/> Delete
STREET ADDRESS:	CITY-ST-ZIP:	
TITLE:	NAME:	<input type="checkbox"/> Delete
STREET ADDRESS:	CITY-ST-ZIP:	
TITLE:	NAME:	<input type="checkbox"/> Delete
STREET ADDRESS:	CITY-ST-ZIP:	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE:	NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:	CITY-ST-ZIP:	
TITLE:	NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:	CITY-ST-ZIP:	
TITLE:	NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:	CITY-ST-ZIP:	
TITLE:	NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:	CITY-ST-ZIP:	
TITLE:	NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:	CITY-ST-ZIP:	

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

SIGNATURE: *REN* **REN** **4/22/08**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #