

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N12000002247

**FILED**  
**Apr 24, 2015**  
**Secretary of State**  
**CC7995892885**

**Entity Name:** SERENITI TOUCH INC.

**Current Principal Place of Business:**

711 N. 20TH STREET  
FT PIERCE, FL 34950

**Current Mailing Address:**

5408 PALEO PINES CIRCLE  
FT. PIERCE, FL 34981

**FEI Number:** 45-4715280

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

COVINGTON-NOBLE, SONYA  
711 N. 20TH STREET  
FT. PIERCE, FL 34950 US

*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

**Officer/Director Detail :**

Title            CEO  
Name            COVINGTON-NOBLE, SONYA L  
Address        711 N. 20TH STREET  
City-State-Zip: FT PIERCE FL 34950

Title            O  
Name            HILLS, DEANA  
Address        2103 S. 26TH STREET  
City-State-Zip: FT. PIERCE FL 34947

Title            AD  
Name            ROUSE, GWENDOLYN  
Address        5408 PALEO PINES CIRCLE  
City-State-Zip: FT. PIERCE FL 34951

Title            DIRECTOR, ASST.  
Name            PATRICK, EDWARD L JR.  
Address        6575 N.W. CHUGWATER CIRCLE  
City-State-Zip: PT. ST. LUCIE FL 34985

Title            O  
Name            REED, MIRANDA  
Address        180 S.E. CELESTIA COURT  
City-State-Zip: PT. ST. LUCIE FL 34983

*I hereby 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** COVINGTON-NOBLE, SONYA

**CEO**

**04/24/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date