2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000007427

RASMUSSON, DOUG E

157 WHITE PINE DRIVE

ASHEVILLE, NC 28805

Name:

Address:

City-St-Zip:

FILED Jan 16, 2009 Secretary of State

Entity Nar	ne: UNITE	D AROMATHERA	APY EFFORT INC					
Current Principal Place of Business:				New Princ	New Principal Place of Business:			
16018 SAE TAMPA, FI	DDLESTRIN L 33618	IG DRIVE						
Current Mailing Address:				New Maili	New Mailing Address:			
16018 SAE TAMPA, FI	DDLESTRIN L 33618	IG DRIVE						
FEI Number: 20-5202617 FEI Number Applied For ()			FEI Number Not Applicable () Certificate of S			sired ()		
Name and	Address o	of Current Regist	ered Agent:	Name and	Address of N	lew Registered Age	nt:	
TAMPA, FI	DDLESTRIN L 33618	US	tement for the pu	rpose of changing i	ts registered o	ffice or registered age	ent, or both,	
SIGNATUR	RE:							
	Elect	ronic Signature of	Registered Ager	nt		Date		
OFFICERS AND DIRECTORS:				ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	P HANGER, S 16018 SADI TAMPA, FL	DLESTRING DR		Title: Name: Address: City-St-Zip:	()	Change () Addition		
Title: Name: Address: City-St-Zip:	2024 FAIRF	() Delete GERALDINE IELD AVENUE RT, LA 71104		Title: Name: Address: City-St-Zip:	VP (X) ZELINSKY, GE 6051 ROMA DE SHREVEPORT,	R #202		
Title:	В	() Delete		Title:	()	Change () Addition		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: SYLLA S. HANGER P 01/16/2009