

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000055069

FILED
Apr 10, 2011
Secretary of State

Entity Name: INTEGRATED THERAPIES INC

Current Principal Place of Business:

1450 N. US1, STE 100
ORMOND BEACH, FL 32174

New Principal Place of Business:

Current Mailing Address:

454 LEEWAY TRAIL
ORMOND BEACH, FL 32174

New Mailing Address:

FEI Number: 57-1164757

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JOE, LOGUIDICE
555 W GRANADA BLVD
B 5
ORMOND BEACH, FL 32174 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: P
Name: VAN RIJ, KELLY E
Address: 454 LEEWAY TRAIL
City-St-Zip: ORMOND BEACH, FL 32174

Title: V
Name: VAN RIJ, RYAN D
Address: 454 LEEWAY TRAIL
City-St-Zip: ORMOND BEACH, FL 32174

Title: S
Name: VAN RIJ, PAMELA A
Address: 454 LEEWAY TRAIL
City-St-Zip: ORMOND BEACH, FL 32174

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

SIGNATURE: KELLY E VAN RIJ

P

04/10/2011

Electronic Signature of Signing Officer or Director

Date