

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000110374

Entity Name: A NEW DAY THERAPY, INC.

FILED
Feb 03, 2005
Secretary of State

Current Principal Place of Business:

4856 11TH AVE CIRCLE EAST
BRADENTON, FL 34208

New Principal Place of Business:

Current Mailing Address:

4856 11TH AVE CIRCLE EAST
BRADENTON, FL 34208

New Mailing Address:

FEI Number: 20-1452223

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STOKLEY, MARGARET L
4856 11TH AVE CIRCLE EAST
BRADENTON, FL 34208 US

Name and Address of New Registered Agent:

STOKELY, MARGARET L
4856 11TH AVE CIRCLE EAST
BRADENTON, FL 34208 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: MARGARET L STOKELY

02/03/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPVS () Delete
Name: STOKLEY, MARGARET L
Address: 4856 11TH AVE CIRCLE EAST
City-St-Zip: BRADENTON, FL 34208

Title: T () Delete
Name: STOKLEY, MARGARET L
Address: 4856 11TH AVE CIRCLE EAST
City-St-Zip: BRADENTON, FL 34208

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPVS (X) Change () Addition
Name: STOKELY, MARGARET L
Address: 4856 11TH AVE CIRCLE EAST
City-St-Zip: BRADENTON, FL 34208

Title: T (X) Change () Addition
Name: STOKELY, MARGARET L
Address: 4856 11TH AVE CIRCLE EAST
City-St-Zip: BRADENTON, FL 34208

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

SIGNATURE: MARGARET L STOKELY

DPVS

02/03/2005

Electronic Signature of Signing Officer or Director

Date