

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000008387

FILED
May 21, 2006
Secretary of State

Entity Name: FRES THERAPY SERVICES, INC.

Current Principal Place of Business:

4914 AUGUSTA AVE.
OLDSMAR, FL 34677 US

New Principal Place of Business:

13949 JACOBSON DRIVE
ODESSA, FL 33556 US

Current Mailing Address:

4914 AUGUSTA AVE.
OLDSMAR, FL 34677 US

New Mailing Address:

13949 JACOBSON DRIVE
ODESSA, FL 33556 US

FEI Number: 20-2180202

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FRES, JOSE LUIS M
4914 AUGUSTA AVE.
OLDSMAR, FL 34677 US

Name and Address of New Registered Agent:

FRES, JOSE LUIS M
13949 JACOBSON DRIVE
ODESSA, FL 34677 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:

05/21/2006

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: FRES, JOSE LUIS M
Address: 4914 AUGUSTA AVE.
City-St-Zip: OLDSMAR, FL 34677 US

Title: S () Delete
Name: FRES, GEORGIANNA G
Address: 4914 AUGUSTA AVE.
City-St-Zip: OLDSMAR, FL 34677 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: FRES, JOSE LUIS M
Address: 13949 JACOBSON DRIVE
City-St-Zip: ODESSA, FL 34677 US

Title: S (X) Change () Addition
Name: FRES, GEORGIANNA G
Address: 13949 JACOBSON DRIVE
City-St-Zip: ODESSA, FL 34677 US

I hereby certify that the information supplied with this filing does not qualify for the 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOSE LUIS FRES

P

05/21/2006

Electronic Signature of Signing Officer or Director

Date