

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000072660

FILED
Jan 25, 2009
Secretary of State

Entity Name: SOMA CENTER MASSAGE INC.

Current Principal Place of Business:

3650 WEBBER STREET
E
SARASOTA, FL 34232 US

Current Mailing Address:

3650 WEBBER STREET
E
SARASOTA, FL 34232 US

FEI Number: 26-0404532

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MURIS, ALTA
3650 WEBBER STREET
E
SARASOTA, FL 34232 US

New Principal Place of Business:

3150 SOUTHGATE CIRCLE
E
SARASOTA, FL 34239 US

New Mailing Address:

4967 79TH AVENUE DRIVE EAST
E
SARASOTA, FL 34243 US

Name and Address of New Registered Agent:

MURIS, ALTA
4967 79TH AVENUE DRIVE EAST
E
SARASOTA, FL 34243 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: SUSAN ALTA SEXTON-MURIS

01/25/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MURIS, ALTA
Address: 3650 WEBBER STREET SUITE E
City-St-Zip: SARASOTA, FL 34232 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: MURIS, ALTA
Address: 4967 79TH AVENUE DRIVE EAST
City-St-Zip: SARASOTA, FL 34243 US

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

SIGNATURE: SUSAN ALTA SEXTON-MURIS

PRES

01/25/2009

Electronic Signature of Signing Officer or Director

Date