

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000079707

Entity Name: A TO Z THERAPY, INC.

FILED
Apr 29, 2009
Secretary of State

Current Principal Place of Business:

513 BAY HOLLOW CT.
JACKSONVILLE, FL 32258

New Principal Place of Business:

513 BAY HOLLOW CT.
JACKSONVILLE, FL 32259

Current Mailing Address:

513 BAY HOLLOW CT.
JACKSONVILLE, FL 32258

New Mailing Address:

513 BAY HOLLOW CT.
JACKSONVILLE, FL 32259

FEI Number: 26-3193829

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BOLANOWSKI, PAJAL J
513 BAY HOLLOW CT.
JACKSONVILLE, FL 32258 US

Name and Address of New Registered Agent:

BOLANOWSKI, PEJAI J
513 BAY HOLLOW CT.
JACKSONVILLE, FL 32259 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: PEJAI J BOLANOWSKI

04/29/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BOLANOWSKI, PAJAL J
Address: 513 BAY HOLLOW CT.
City-St-Zip: JACKSONVILLE, FL 32258

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: BOLANOWSKI, PEJAI J
Address: 513 BAY HOLLOW CT.
City-St-Zip: JACKSONVILLE, FL 32259

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: PEJAI J BOLANOWSKI

PD

04/29/2009

Electronic Signature of Signing Officer or Director

Date