

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000054701

**FILED**  
**Jan 06, 2011**  
**Secretary of State**

**Entity Name:** ISLAND MASSAGE THERAPY, INC.

**Current Principal Place of Business:**

1110 PINELLAS BAYWAY SOUTH  
#210  
TIERRA VERDE, FL 33715 US

**New Principal Place of Business:**

**Current Mailing Address:**

7313 2ND AVENUE NORTH  
ST. PETERSBURG, FL 33710 US

**New Mailing Address:**

**FEI Number:** 27-2962390

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MARLOWE, RUSSELL G  
8630 GOVERNMENT DRIVE  
102  
NEW PORT RICHEY, FL 34654 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:** PRES  
**Name:** FORBES, DEBORAH A  
**Address:** 7313 2ND AVENUE NORTH  
**City-St-Zip:** ST. PETERSBURG, FL 33710 US

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:** DEBORAH FORBES

MS

01/06/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date