## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P98000051705

Entity Name: HEALTH TECHS THERAPEUTIC MASSAGE, INC.

FILED Apr 27, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

1650 SAN PABLO RD S #10 JACKSONVILLE, FL 32224

Current Mailing Address: New Mailing Address:

12901 ELLIS ISLAND DRIVE
JACKSONVILLE, FL 32224

230 PABLO POINT DRIVE
JACKSONVILLE, FL 32225

FEI Number: 59-3516678 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

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

BERGMANN, NANCI
12901 ELLIS ISLAND DRIVE
JACKSONVILLE, FL 32224 US

BERGMANN, NANCI
230 PABLO POINT DRIVE
JACKSONVILLE, FL 32225 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: 04/27/2007

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: PD (X) Change () Addition

Name:BERGMANN, NANCIName:BERGMANN, NANCIAddress:12901 ELLIS ISLAND DRIVEAddress:230 PABLO POINT DRIVECity-St-Zip:JACKSONVILLE, FL 32224City-St-Zip:JACKSONVILLE, FL 32225

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: NANCI BERGMANN PD 04/27/2007