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: LYNN P. BROWN

Electronic Signature of Signing Officer/Director Detail

PRESIDENT

02/28/2013

2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000023356

Entity Name: THERAPEUTIC MASSAGE AND SKIN CARE INC

Current Principal Place of Business:

1732 NE 26 STREET 202 WILTON MANORS, FL 33305

Current Mailing Address:

1732 NE 26 STREET 202 WILTON MANORS, FL 33305

FEI Number: 20-2342097

Name and Address of Current Registered Agent:

BROWN, LYNN P 1300 SE 6 TERRACE POMPANO BEACH, FL 33060 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:

Electronic Signature of Registered Agent Date

Officer/Director Detail :

Title	Ρ	Title	VP
Name	BROWN, LYNN P	Name	LATONA, JOANNE P
Address	1300 SE 6 TERRACE	Address	811 NW 72 AVENUE
City-State-Zip:	POMPANO BEACH FL 33060	City-State-Zip:	PLANTATION FL 33317

FILED Feb 28, 2013 Secretary of State CC9850856564

Certificate of Status Desired: No

Date