

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P99000011743

**Entity Name:** N0-SLIP TREATMENT INC.

**Current Principal Place of Business:**

5415 LAKE HOWELL ROAD  
#255  
WINTER PARK, FL 32792

**Current Mailing Address:**

5415 LAKE HOWELL ROAD  
#255  
WINTER PARK, FL 32792 US

**FEI Number:** 13-4053725

**Certificate of Status Desired:** No

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

HOFFMAN, EDWARD J  
5415 LAKE HOWELL RD  
#255  
WINTER PARK, FL 32792 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 MR  
Name PLANT, STEVEN W  
Address 69 SHALLMAR BLVD  
City-State-Zip: TORONTO ON M6C-2K2

*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:** STEVEN PLANT

**PRESIDENT**

**04/06/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date