2004 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 21, 2004 08:00 AM Secretary of State **DOCUMENT # K14007** TREASURE COAST THERAPISTS, INC. Principal Place of Business Mailing Address % IEAN BURDSALL % JEAN BURDSALL 420 SOPWITH DR. 420 SOPWITH DR. VERO BEACH, FL 32968 VERO BEACH, FL 32968 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0023807 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent DO NOT WRITE BURDSALL, JEAN 420 SOPWITH DR. VERO BEACH, FL 32968 IN THIS SPACE 8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE. (NOTE Registered Agent signature required when rematating) Signature, typed or printed name of registered agent and title if applicable \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE BURDSALL, JEAN HAME 420 SOPWITH DR STREET ADDRESS CITY-ST-ZIP VERO BCH, FL साध HAME STREET ADDRESS CSTY - SX - ZDP TITLE MALEC STREET ADDRESS DO NOT WRITE City ST-ZIP IN THIS SPACE TIRE MAME STREET ADDRESS CITY-ST-ZIP TIRE NAME STREET ADDRESS CRY-SY-ZIP

12. It hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(37). Florida Statutes, I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under outer, 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

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Jean M. Buedsall

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