2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 13, 2004
Secretary of State

DOCUMENT# L03000026835

Entity Name: PROFESSIONAL MASSAGE & HEALTHY ALTERNATIVES, LLC

Current Principal Place of Business:

1820 SE PORT SAINT LUCIE BOULEVARD
PORT ST. LUCIE, FL 34952

New Principal Place of Business:

Current Mailing Address:

1645 SE BALLANTRAE BLVD. N
PORT ST. LUCIE, FL 34952

New Mailing Address:

FEI Number: 75-3124128 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GRISE, DEBORAH
1645 SE BALLANTRAE BLVD. N
PORT ST. LUCIE, FL 34952 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

MANAGING MEMBERS/MEMBERS:

Title: MGR ( ) Delete
Name: GRISE, DAVID M
Address: 1645 SE BALLANTRAE BLVD. N
City-St-Zip: PORT ST. LUCIE, FL 34952

Title: MGR. ( ) Delete
Name: GRISE, DEBORAH
Address: 1645 SE BALLANTRAE BLVD. N
City-St-Zip: PORT ST. LUCIE, FL 34952

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: MGR (X) Change ( ) Addition
Name: GRISE, DEBORAH
Address: 1645 SE BALLANTRAE BLVD. N
City-St-Zip: PORT ST. LUCIE, FL 34952

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: DEBORAH GRISE MGR 02/13/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date