2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 18, 2005
Secretary of State

DOCUMENT# L04000043783

Entity Name: MASSAGE THERAPEUTIC KNEADS, LLC

Current Principal Place of Business:

10782 S. US HIGHWAY 1
PORT ST, LUCIE, FL 34952SWAN SO

New Principal Place of Business:

10782 S. US HIGHWAY 1
PORT ST, LUCIE, FL 34952 US

Current Mailing Address:

10782 S. US HIGHWAY 1
PORT ST, LUCIE, FL 34952SWAN SO

New Mailing Address:

10782 S. US HIGHWAY 1
PORT ST, LUCIE, FL 34952 US

FEI Number: 34-2006257 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

SWANSON, DEBRA L
10782 S. US HIGHWAY 1
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: GUINTER, KARL
Address: 10782 S. US HIGHWAY 1
City-St-Zip: PORT ST LUCIE, FL 34952

Title: MGR ( ) Delete
Name: SWANSON, DEBRA L
Address: 10782 S. US HIGHWAY 1
City-St-Zip: PORT ST LUCIE, FL 34952

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: SWANSON, KARL S
Address: 10782 S. US HIGHWAY 1
City-St-Zip: PORT ST LUCIE, FL 34952

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

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: DEBRA L. SWANSON MGR 04/18/2005

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