2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2008
Secretary of State

DOCUMENT# L07000096014

Entity Name: THERAPY WITHOUT WALLS, LLC

Current Principal Place of Business:

5246 N. ORANGE BLOSSOM TRAIL #107
ORLANDO, FL 32810

New Principal Place of Business:

1334 KOZART ST
ORLANDO, FL 32811

Current Mailing Address:

PO BOX 608896
ORLANDO, FL 328608896

New Mailing Address:

FEI Number: 20-3468250 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RUSHIN, TAJUANA D
5246 N. ORANGE BLOSSOM TRAIL #107
ORLANDO, FL 32810 US

Name and Address of New Registered Agent:

RUSHIN, TAJUANA D
1334 KOZART ST
ORLANDO, FL 32811 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: 05/02/2008
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: RUSHIN, TAJUANA D
Address: 5246 N. ORANGE BLOSSOM TRAIL #107
City-St-Zip: ORLANDO, FL 32810

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: RUSHIN, TAJUANA D
Address: 1334 KOZART ST
City-St-Zip: ORLANDO, FL 32811

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: TAJUANA D. RUSHIN MS. 05/02/2008
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date