



**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 26, 2005 08:00 AM
Secretary of State

DOCUMENT # M44343 1. Entity Name ANN'S PROFESSIONAL THERAPEUTIC MASSAGE INC.			
Principal Place of Business % ANNA THOMPSON 9914 62ND TERR. S. APT C. BOYTON BEACH, FL 33437 US		Mailing Address % ANNA THOMPSON 9914 62ND TERR. S. APT C. BOYTON BEACH, FL 33437-2827	
DO NOT WRITE IN THIS SPACE			
		03232005 No Chg-P CR2E034 (10/03)	
		4. FEI Number 65-2755473	Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent THOMPSON, ANNA 9914 62ND TERR. S. APT C. BOYTON BEACH, FL 33437		DO NOT WRITE 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 _____ <small>Signature, typed or printed name of registered agent and date if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE	
TITLE	DP		
NAME	THOMPSON, ANNA		
STREET ADDRESS	9914 62ND TERR. S. APT C		
CITY - ST - ZIP	BOYTON BEACH, FL		
TITLE			
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 oath; that I am an officer or director of this 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: <i>Anna M Thompson President</i> 3/24/05		Date _____ Daytime Phone # _____	

561-738-6427