

**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**May 10, 2005 8:00 am**  
**Secretary of State**

03-15-2005 90037 019 \*\*\*\*61.25

66016491



1st MOORE CR2E037 (10/04)

<b>DOCUMENT # N03000004002</b> 1. Entity Name USA MUSCULAR THERAPY CHARITIES, INC.			
Principal Place of Business 2126 WOODBRIDGE RD. LONGWOOD FL 32779		Mailing Address PO BOX 162571 ALTAMONTE SPRINGS FL 32716	
2. Principal Place of Business 730 Oakland Hills cir. Suite, Apt. #, etc. # 110		3. Mailing Address P.O. Box 95-2425 Suite, Apt. #, etc.	
City & State Lake Mary, FL 32746 Zip Country Seminole		City & State Lake Mary, FL 32795-2425 Zip Country Seminole	
4. FEI Number 52-1180317		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 MACLEOD, JOSHUA 2126 WOODBRIDGE RD. LONGWOOD FL 32779	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		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 title if applicable (NOTE: Registered Agent signature required when re-stating) DATE</small>			
<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make Check Payable to: Florida Department of State			
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D MACLEOD, JOSHUA 2126 WOODBRIDGE RD. LONGWOOD FL 32779	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D SULT, SUSAN DR. P.O. BOX 2524 SANFORD FL 32771	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D CATRON, DAVID A 507 SAND WEDGE LOOP APOPKA FL 32712	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	FMGR GRYE, DONA G 988 SPRINGVALLY LOOP LAKE MARY FL 32346	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP
TITLE NAME STREET ADDRESS CITY- ST- ZIP	Jamic G. Cruse 725 Primavera Blvd. Suite 200 Lake Mary, FL 32746	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP
TITLE NAME STREET ADDRESS CITY- ST- ZIP	Frye, Dana Name correction	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	add	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: 3-7-05 Daytime Phone #: 407-376-9281	

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5-1-05

## ATTACHMENT

USA Muscular Therapy Charities, Inc.  
P.O. Box: 952425  
Lake Mary, Fl. 32795-2425  
407-376-9781

Reference Number: N03000004002

Please find enclosed the title(s) of each officer/director per your request.

Joshua Macleod LMT – President

Dr. Susan Sult - Treasurer

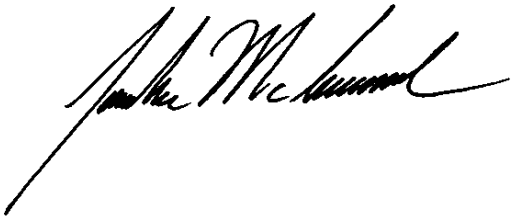
David Catron LMT – secretary

Dany G. Frye – volunteer

Jamie G. Cruse – volunteer

I hope this is all you need. Please contact me if you need any other info. I'm sorry about the confusion. Thanks for your help with this matter.

Sincerely :

A handwritten signature in black ink, appearing to read "Joshua Macleod", written in a cursive style.

Joshua macleod