2004 NOT-FOR-PROFIT CORPORATION --- ANNUAL REPORT (AR)

Mailing Address

3. Mailing Address

KISSIMMEE FL 34744

Suite, Apt. #, etc.

DOCUMENT # N94000003415

1. Entity Name

Principal Place of Business

KISSIMMEE FL 34744

Suite, Apt. #, etc.

2. Principal Place of Business

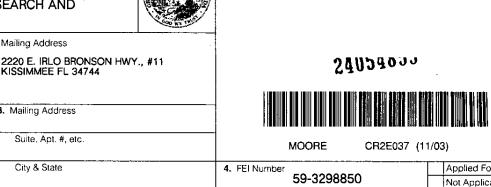
2220 E. IRLO BRONSON HWY., #11

MASSAGE AND COLON THERAPY RESEARCH AND **DEVELOPMENT CORPORATION**



FILED Apr 26, 2004 8:00 am Secretary of State

04-26-2004 90563 042 ****61.25



City & State City & State Applied For Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WOOD, HELEN M Street Address (P.O. Box Number is Not Acceptable) 2220 E. IRLO BRONSON HWY., #11 KISSIMMEE FL 34744 City 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW: FEE IS \$61.25 \$5.00 May Be Make Check Payable to Trust Fund Contribution. Due By May 1, 2004 Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. PSTD TITLE ☐ Delete TITLE Change ☐ Addition WOOD, HELEN M NAME NAME 2220 E. IRLO BRONSON MEM. HWY STREET ADDRESS STREET ADDRESS KISSIMMEE FL 34744 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition WOOD, JOSEPH E NAME NAME 2220 E. IRLO BRONSON HWY. STREET ADDRESS STREET ADDRESS KISSIMMEE FL 34744 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TROTTA, THOMAS NAME NAME 2964 SOUTHFIELD DR STREET ADDRESS STREET ADDRESS ORLANDO FL 32837 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CDY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

12. Thereby 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:

leu SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 4-20-04 4079330009