# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jan 12, 2005**
**Secretary of State**

DOCUMENT# N94000003415

**Entity Name:** MASSAGE AND COLON THERAPY RESEARCH AND DEVELOPMENT CORPORATION

**Current Principal Place of Business:**

2220 E. IRLO BRONSON HWY., #11
KISSIMMEE, FL 34744

**New Principal Place of Business:**

**Current Mailing Address:**

2220 E. IRLO BRONSON HWY., #11
KISSIMMEE, FL 34744

**New Mailing Address:**

**FEI Number: 59-3298850** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WOOD, HELEN M
2220 E. IRLO BRONSON HWY., #11
KISSIMMEE, FL 34744 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

**OFFICERS AND DIRECTORS:**

Title: PSTD ( ) Delete
Name: WOOD, HELEN M
Address: 2220 E. IRLO BRONSON MEM. HWY
City-St-Zip: KISSIMMEE, FL 34744

Title: D ( ) Delete
Name: WOOD, JOSEPH E
Address: 2220 E. IRLO BRONSON HWY.
City-St-Zip: KISSIMMEE, FL 34744

Title: D ( ) Delete
Name: TROTTA, THOMAS
Address: 2964 SOUTHFIELD DR
City-St-Zip: ORLANDO, FL 32837

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PSTD (X) Change ( ) Addition
Name: WOOD, HELEN M
Address: 2220 E. IRLO BRONSON MEM. HWY STE 11
City-St-Zip: KISSIMMEE, FL 34744

Title: D (X) Change ( ) Addition
Name: WOOD, JOSEPH E
Address: 2220 E. IRLO BRONSON HWY. STE 11
City-St-Zip: KISSIMMEE, FL 34744

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 or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HELEN M. WOOD PSTD 01/12/2005

Electronic Signature of Signing Officer or Director — Date