

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P00000037232**

1. Entity Name

HEALTHY TOUCH MASSAGE THERAPY INC.



Principal Place of Business

218 S.W. ESSEX DRIVE  
PORT ST. LUCIE, FL 34984

Mailing Address

218 S.W. ESSEX DRIVE  
PORT ST. LUCIE, FL 34984



04072006 No Chg-P CR2E034 (11/05)

4. FEI Number

65-1010691

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

MULROONEY, MARION  
218 S.W. ESSEX DRIVE  
PORT ST. LUCIE, FL 34984

**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

Signature, typed or printed name of registered agent and date if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

8. Election Campaign Financing  
Trust Fund Contribution.



**\$5.00** May Be  
Added to Fees

U00000550274  
05/13/06-80053-013 150.00

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME MULROONEY, MARION  
STREET ADDRESS 218 S.W. ESSEX DRIVE  
CITY-ST-ZIP PORT ST. LUCIE, FL 34984

TITLE VP  
NAME MULROONEY, GERALD J  
STREET ADDRESS 218 S.W. ESSEX DRIVE  
CITY-ST-ZIP PORT ST LUCIE, FL 34984

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-29-06