2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000052268

FILED Jan 25, 2005 8:00 am Secretary of State 01-25-2005 90040 002 ***150.00

Process Pitter of Business 275 WILLOUGHBY DRIVE EXT MAPLES, FL. 34103 40005998 400059998 400059998 400059998 400059998 400059998 400059998 400059998 400059998 4000599	1. Entity Name FEET FIRST REFLEXOLOGY, INC.											
Suite, Apt. 4, etc.	2900 14TH STREET NORTH 275 WILLOUGHBY DRI SHITE-3A NAPLES, FL 34110									1 NOVE SIVEL LO	TIMEN INC	
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6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Nurse Number Name Name Name Number Name Na	Naples Fr			City & State			1			_ 		
Name	Zip 41	4103 Conter			Coun	try			Fi	ee Require		
NAPLES, FL 34110 Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature for May 1, 2005 Fee will be \$550,00 After May 1, 2005 Fee will		6. Name	and Address of Current F	legistered Agent								
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 allice or registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, Special period name of registered special and file of purpose of changing its registered allice or registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent. SIGNATURE SIGN	MUGAAS.	MARY AN	IN	TARTIC								
B. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Fiorida. I am familiar with, and accept the the obligations of registered agent. SIGNATURE SIGN	275 WILLOUGHBY DR EXT					Street Address (P.O. Box Number is Not Acceptable)						
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Spikker kiped or printed name of registered agent and We if applicable. NOTE Registered Agent operations of the purpose of changing its registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fiorida. I am familiar with, and accept the the obligations of registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fiorida. I am familiar with, and accept the control of the con				City			FI	Zip Code	e e e e e e e e e e e e e e e e e e e			
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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.