

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000062181

Entity Name: THERAPEUTIX, INC.

FILED
Apr 25, 2004
Secretary of State

Current Principal Place of Business:

10292 HARBOR INN CT.
CORAL SPRINGS, FL 33071

New Principal Place of Business:

Current Mailing Address:

10292 HARBOR INN CT.
CORAL SPRINGS, FL 33071

New Mailing Address:

FEI Number: 65-1071084

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DAWES, ELEANOR H
10292 HARBOR INN CT.
CORAL SPRINGS, FL 33071

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: DAWES, ELEANOR H
Address: 2771 RIVERSIDE DR #218A
City-St-Zip: CORAL SPRINGS, FL 33065

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: CHRISTIE, ELEANOR H
Address: 10292 HARBOR INN COURT
City-St-Zip: CORAL SPRINGS, FL 33071

Title: CEO () Change (X) Addition
Name: CHRISTIE, RICHARD H
Address: 10292 HARBOR INN COURT
City-St-Zip: CORAL SPRINGS, FL 33071

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ELEANOR CHRISTIE

P

04/25/2004

Electronic Signature of Signing Officer or Director

Date