


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2005 08:00 AM
Secretary of State

DOCUMENT # P00000068962	
1. Entity Name ADVANCED MOTION THERAPEUTIC MASSAGE, INC.	

Principal Place of Business 495 22ND PLACE VERO BEACH, FL 32960	Mailing Address 495 22ND PLACE VERO BEACH, FL 32960
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DO NOT WRITE IN THIS SPACE



01032005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-1029267	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent ZAMBIGADIS, MARIA 495 22ND PLACE VERO BEACH, FL 32960

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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 Maria Zambigadis 1/19/05
Signature, typed or printed name of the registered agent and filer, if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE PD	NAME ZAMBIGADIS, OMIROS
STREET ADDRESS 4020 CHARDONNAY PL SW.	CITY-ST-ZIP VERO BEACH, FL 32968
TITLE V	NAME ZAMBIGADIS, MARIA
STREET ADDRESS 4020 CHARDONNAY PL SW.	CITY-ST-ZIP VERO BEACH, FL 32960
TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP

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01/24/05-80185-002 150.00

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12. I hereby 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 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: Maria Zambigadis - Maria Zambigadis 1/19/05 (772) 299-7272
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #