2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000070051

Entity Name: COLON THERAPY CLINIC, INC.

FILED Feb 10, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

2831 RINGLING BOULEVARD 2831 RINGLING BOULEVARD SUITE 213 SUITE 213 SARSAOTA, FL 34237 SARASOTA, FL 34237

New Mailing Address: Current Mailing Address:

2831 RINGLING BOULEVARD 2831 RINGLING BOULEVARD SUITE 213 SUITE 213 SARSAOTA, FL 34237 SARASOTA, FL 34237

FEI Number: 65-1027816 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

SPIEGEL & UTRERA, P.A. 1840 SW 22 STREET, 4TH FLOOR MIAMI, FL 33145 US

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:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD () Delete Title: **PSTD** (X) Change () Addition

Name: MENARD, ALAIN M Name: MENARD, ALAIN M

2831 RINGLING BLVD, STE 213 2831 RINGLING BLVD, STE 213 Address: Address:

City-St-Zip: SARSAOTA, FL 34237 City-St-Zip: SARASOTA, FL 34237

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: ALAIN M. MENARD **PSTD** 02/10/2009