

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000098712

FILED
Sep 14, 2005
Secretary of State

Entity Name: SOFT TOUCH MASSAGE THERAPY, INC.

Current Principal Place of Business:

5671 VINELAND RD
ORLANDO, FL 32819

New Principal Place of Business:

215 CELEBRATION PLACE
SUITE 500
CELEBRATION, FL 34747

Current Mailing Address:

5671 VINELAND RD
ORLANDO, FL 32819

New Mailing Address:

904 PAWSTAND ROAD
CELEBRATION, FL 34747

FEI Number: 54-2109322

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

OWEN, GREGORY J PRES
5671 VINELAND RD
ORLANDO, FL 32819 US

Name and Address of New Registered Agent:

OWEN, GREGORY J PRES
904 PAWSTAND ROAD
CELEBRATION, FL 34747 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:

09/14/2005

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPT () Delete
Name: OWEN, GREGORY J
Address: 5671 VINELAND RD
City-St-Zip: ORLANDO, FL 32819

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPT (X) Change () Addition
Name: OWEN, GREGORY J
Address: 904 PAWSTAND ROAD
City-St-Zip: CELEBRATION, FL 34747

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: GREGORY J OWEN

DPT

09/14/2005

Electronic Signature of Signing Officer or Director

Date