## 2006 FOR PROFIT CORPORATION

**FILED** Iul 03. 2006 08:00 AM ate

ANNUAL REPORT				Jul 03, 2000 08.00			
DOCUMENT # P00000099269					3	Secretar	y of Sta
1. Entity Nat	me N THERAPY, INC.						
	· · · · · · · · · · · · · · · · · · ·						
Principal Pla	ce of Business	Mailing Address	0 883				
37640 SKY	RIDGE CIRCLE	37640 SKY RIDGE CIRCLE					
DADE CITY,	FL 33525	DADE CITY, FL 33525					
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	O NOT WRITE			03112006	No Chg-P	CR2E034 (11	/05)
		IN THIS SPA	UE .	4. FEI Numbe 65-1056			Applied For
	the state of the s				of Status Desired	\$8.75	Not Applicable  Additional
ें (यह करी वर्षे)	6. Name and Address of Current Re	भुक्ता विकास gistered Agent		(Salate periodical)		Fee Re	quired
MURPHY	, DAIVD J ESQ.	<u> </u>					
14217 THIRD ST. DADE CITY, FL 33523				** 45 C 19 10 E	NOT W	المناقبان والمنافع فالمان	ennen er ti‴. Stelsin i Stel
DADE CIT	1, FL 33323			INT	THIS SF	ACE	
8. The above the obliga	e named entity submits this statement for tractions of registered agent.	ne purpose of changing its register	red office or registere	ed agent, or both		rida. I am familiar	with, and accept
SIGNATURE							
	Signature, typed or printed name of registered agent and	title if applicable. (NOTE: Register	ed Agent signature required	when reinstating)		DATE	
	E NOW!!! FEE IS \$150.00	Election Campaign Fina     Trust Fund Contribution	++	00 May Be		•	
10.	ay 1, 2006 Fee will be \$550.00	<u> </u>	. L. Adde	10 10 1003	***		
TITLE	OFFICERS AND DI	HECTORS					and the state of t
NAME STREET ADDRESS	PARTAIN, DARYN 37640 SKYRIDGE CIRCLE						
CITY-ST-ZIP	DADE CITY, FL 33525				ະ ເປັນທີ່ໄດ້ເຄືອນ ກ່າວການເປັນການເປັນ	M 2 3 3 4 4 3 3 4 4 3 3 3 4 4 3 3 3 4 4 3 3 3 4 4 3	
TITLE NAME	VSD PARTAIN, KELLY			THE LANGE OF		-80003-009	550.00
STREET ADDRESS	37640 SKYRIDGE CIRCLE						
CITY-ST-ZIP	DADE CITY, FL 33525						
NAME							
STREET ADDRESS City-St-Zip	<i>'</i>			." , <b>DO</b>	NOT: W	RITE	
TITLE NAME				<b>SIN</b> T	THIS SF	ACE	žajulėją.
STREET ADDRESS							
CITY-ST-ZIP						ing Age. Hatadah mata	
NAME		·					
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TITLE							
NAME STREET ADDRESS				The second of th	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		great grade
OTHER PROPERTY	1		<b>■</b> 14 1 1 3 3 3 3 5 5 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	30	, PER 1	in the contract of the contrac	Cade : i. t

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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. Partain

SIGNATURE:

27/11/2

Oaytime Phone #