


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 03, 2006 08:00 AM
Secretary of State

DOCUMENT # P00000099269
 1. Entity Name
 PARTAIN THERAPY, INC.



Principal Place of Business
 37640 SKY RIDGE CIRCLE
 DADE CITY, FL 33525

Mailing Address
 37640 SKY RIDGE CIRCLE
 DADE CITY, FL 33525

DO NOT WRITE IN THIS SPACE



03112006 No Chg-P CR2E034 (11/05)

4. FEI Number
 65-1056192 Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional
 Fees Required

6. Name and Address of Current Registered Agent

MURPHY, DAVID J ESQ.
 14217 THIRD ST.
 DADE CITY, FL 33523

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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
 Trust Fund Contribution. \$5.00 May Be
 Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD PARTAIN, DARYN 37640 SKYRIDGE CIRCLE DADE CITY, FL 33525
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD PARTAIN, KELLY 37640 SKYRIDGE CIRCLE DADE CITY, FL 33525
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000000567859
 07/03/06-80002-009 550.00

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.

SIGNATURE: *Kelly Partain* Kelly E. Partain 6/27/06 83-79-2429
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Oaytime Phone #