2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2006
Secretary of State

DOCUMENT# P00000108108

Entity Name: CENTRAL FLORIDA THERAPY SOLUTIONS, INC.

Current Principal Place of Business:

1060 W SR 434
152
LONGWOOD, FL 32750

New Principal Place of Business:

1060 W SR 434
108
LONGWOOD, FL 32750

Current Mailing Address:

1060 W SR 434
152
LONGWOOD, FL 32750

New Mailing Address:

1060 W SR 434
108
LONGWOOD, FL 32750

FEI Number: 59-3676538 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

JOHNSTON, NANCY CLAUDIA
1060 W SR 434
152
LONGWOOD, FL 32750 US

Name and Address of New Registered Agent:

JOHNSTON, NANCY CLAUDIA
1060 W SR 434
108
LONGWOOD, FL 32750 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: 01/09/2006
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: JOHNSTON, NANCY CLAUDIA
Address: 827 RIVERBEND BLVD
City-St-Zip: LONGWOOD, FL 32779

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: NANCY JOHNSTON OWNE 01/09/2006
Electronic Signature of Signing Officer or Director — Date