



**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 14, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # P01000001361</b> 1. Entity Name <b>HOLISTIC MASSAGE THERAPY CENTER, INC.</b>			
Principal Place of Business <b>516 STONEMONT LANE WESTON, FL 33326</b>		Mailing Address <b>516 STONEMONT LANE WESTON, FL 33326</b>	
<b>DO NOT WRITE IN THIS SPACE</b>			
			
		02272008    No Chg-P    CR2E034 (11/05)	
		4. FEI Number <b>65-1066881</b>	
		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>BIEL, MICHAEL 516 STONEMONT LANE WESTON, FL 33326</b>		<b>DO NOT WRITE IN THIS SPACE</b>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
		<b>U00000896147 04/24/08-80097-002 150.00</b>	
<b>10. OFFICERS AND DIRECTORS</b>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <b>BIEL, MICHAEL 516 STONEMONT LANE WESTON, FL 33326</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V <b>BIEL, SUSAN A 516 STONEMONT LANE WESTON, FL 33326</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DO NOT WRITE IN THIS SPACE</b>		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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: <u>Michael Biel</u> <b>Michael Biel</b>		Date <u>3/5/08</u> Daytime Phone # <u>954-389-7885</u>	