

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000001361

FILED
Mar 18, 2011
Secretary of State

Entity Name: HOLISTIC MASSAGE THERAPY CENTER, INC.

Current Principal Place of Business:

516 STONEMONT LANE
WESTON, FL 33326

New Principal Place of Business:

Current Mailing Address:

516 STONEMONT LANE
WESTON, FL 33326

New Mailing Address:

FEI Number: 65-1066881

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BIEL, MICHAEL
516 STONEMONT LANE
WESTON, FL 33326 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: P
Name: BIEL, MICHAEL
Address: 516 STONEMONT LANE
City-St-Zip: WESTON, FL 33326

Title: V
Name: BIEL, SUSAN A
Address: 516 STONEMONT LANE
City-St-Zip: WESTON, FL 33326

I hereby 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 all other like empowered.

SIGNATURE: MICHAEL BIEL

PRES

03/18/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date