

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000004927

FILED
May 05, 2006
Secretary of State

Entity Name: THERAPEUTIC ALLIANCE GROUP, INC.

Current Principal Place of Business:

4432 NW 23RD AVE
SUITE 4
GAINESVILLE, FL 32606 US

New Principal Place of Business:

Current Mailing Address:

4432 NW 23RD AVE
SUITE 4
GAINESVILLE, FL 32606 US

New Mailing Address:

FEI Number: 59-3529896 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DAMRON, HEATHER
4432 NW 23RD AVE STE 4
GAINESVILLE, FL 32606 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: DAMRON, HEATHER
Address: 4432 NW 23RD AVE STE 4
City-St-Zip: GAINESVILLE, FL 32606

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: HEATHER DAMRON

PRES

05/05/2006

Electronic Signature of Signing Officer or Director

Date