

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000012369

Entity Name: A.LL THERAPY CONNECTION, INC.

FILED  
Mar 15, 2006  
Secretary of State

## Current Principal Place of Business:

324 WILSHIRE BLVD.  
CASSELBERRY, FL 32707

## New Principal Place of Business:

140 TONINA COVE  
SUITE, 100  
MAITLAND, FL 32751

## Current Mailing Address:

324 WILSHIRE BLVD.  
CASSELBERRY, FL 32707

## New Mailing Address:

140 TONINA COVE  
SUITE, 100  
MAITLAND, FL 32751

FEI Number: 59-3695509

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LLULL, ANTONIA B  
2609 ILLINOIS ST  
ORLANDO, FL 32803 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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: LLULL, ANTONIA B  
Address: 2690 ILLINOIS ST  
City-St-Zip: ORLANDO, FL 32803

Title: S ( ) Delete  
Name: LLULL, CARMEN V  
Address: 7050 S. ATLANTIC AVE  
City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: T ( ) Delete  
Name: LLULL, JOSE R  
Address: 7050 S. ATLANTIC AVE  
City-St-Zip: NEW SMYRNA BEACH, FL 32169

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: S (X) Change ( ) Addition  
Name: LLULL, CARMEN V  
Address: 420 BRIDLE PATH  
City-St-Zip: CASSELBERRY, FL 32751

Title: T (X) Change ( ) Addition  
Name: LLULL, JOSE R  
Address: 420 BRIDLE PATH  
City-St-Zip: CASSELBERRY, FL 32751

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: JOSE LLULL

T

03/15/2006

Electronic Signature of Signing Officer or Director

Date