

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000089145

FILED  
Apr 24, 2007  
Secretary of State

Entity Name: ABSOLUTE HEALTH THERAPEUTIC MASSAGE, INC.

## Current Principal Place of Business:

1250 N TAMiami TRAIL #208  
NAPLES, FL 34102

## New Principal Place of Business:

## Current Mailing Address:

1250 N TAMiami TRAIL #208  
NAPLES, FL 34102

## New Mailing Address:

FEI Number: 59-3729444

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

QUINN, JEFFREY C ESQUIRE  
307 AIRPORT RD N  
NAPLES, FL 34101 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: PRES ( ) Delete  
Name: HANSEN, ANTHONY F  
Address: 1250 N. TAMIMAI TRAIL , STE 208  
City-St-Zip: NAPLES, FL 34102

Title: ST ( ) Delete  
Name: HANSEN, GAIL  
Address: 5454 WHITTEN  
City-St-Zip: NAPLES, FL 34104

Title: VP (X) Delete  
Name: HANSEN, TY  
Address: 4271 PEARL HARBOR DR  
City-St-Zip: NAPLES, FL 34112

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition  
Name: JONES, LISET A  
Address: 1250 N. TAMIMAI TRAIL , STE 208  
City-St-Zip: NAPLES, FL 34102

Title: ST (X) Change ( ) Addition  
Name: JONES, CASEY M  
Address: 3037 ARECA AVENUE  
City-St-Zip: NAPLES, FL 34112

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: LISET ALPIZAR JONES

PRES

04/24/2007

Electronic Signature of Signing Officer or Director

Date