

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000104338

FILED  
Feb 16, 2009  
Secretary of State

Entity Name: HOME THERAPY WORKS, INC.

## Current Principal Place of Business:

504 S. FLORIDA AVE.  
#243  
TARPON SPRINGS, FL 34689

## New Principal Place of Business:

## Current Mailing Address:

504 S. FLORIDA AVE.  
#243  
TARPON SPRINGS, FL 34689

## New Mailing Address:

FEI Number: 59-3754909

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LOYD, THORAINE  
504 S. FLORIDA AVE. #243  
TARPON SPRINGS, FL 34689 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: DPST ( ) Delete  
Name: LOYD, THORAINE  
Address: 504 S. FLORIDA AVE. #243  
City-St-Zip: TARPON SPRINGS, FL 34689

## 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 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: THORAINE LOYD

MS

02/16/2009

Electronic Signature of Signing Officer or Director

Date