

# **2008 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P02000041097

Entity Name: ADVANCE THERAPY, INC.

**FILED**  
**Apr 29, 2008**  
**Secretary of State**

**Current Principal Place of Business:**

5266 MANSFORD PL.  
MELBOURNE, FL 32940

**New Principal Place of Business:**

**Current Mailing Address:**

5266 MANSFORD PL.  
MELBOURNE, FL 32940

**New Mailing Address:**

FEI Number: 01-0729399

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

HOWORTH, TANIA  
5266 MANSFORD PL.  
MELBOURNE, FL 32940 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: HOWORTH, TANIA  
Address: 5266 MANSFORD PL.  
City-St-Zip: MELBOURNE, FL 32940

**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: TANIA HOWORTH

P

04/29/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date