

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000065107

FILED
Apr 30, 2004
Secretary of State

Entity Name: THERAPY DYNAMICS, INC.

Current Principal Place of Business:

455 DOUGLAS AVE.
SUITE 2155-15
ALTAMONTE SPRINGS, FL 32714

Current Mailing Address:

455 DOUGLAS AVE.
SUITE 2155-15
ALTAMONTE SPRINGS, FL 32714

New Principal Place of Business:

1055 MAITLAND CENTER COMMONS
202
MAITLAND, FL 32751

New Mailing Address:

1055 MAITLAND CENTER COMMONS
202
MAITLAND, FL 32751

FEI Number: 02-0620900

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCCALLA-WATSON, RENEE
455 DOUGLAS AVE.
SUITE 2155-15
ALTAMONTE SPRINGS, FL 32714

Name and Address of New Registered Agent:

MCCALLA-WATSON, RENEE
1055 MAITLAND
202
MAITLAND, FL 32751

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: RENEE MCCALLA-WATSON

04/30/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MCCALLA-WATSON, RENEE
Address: 455 DOUGLAS AVE., STE 2155-15
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: D () Delete
Name: ADAMS, MONICA
Address: 455 DOUGLAS AVE., STE 2155-15
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: MCCALLA-WATSON, RENEE
Address: 1055 MAITLAND CENTER COMMONS #202
City-St-Zip: MAITLAND, FL 32751

Title: D (X) Change () Addition
Name: ADAMS, MONICA
Address: 1055 MAITLAND CENTER COMMONS #202
City-St-Zip: MAITLAND, FL 32751

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: RENEE MCCALLA-WATSON

D

04/30/2004

Electronic Signature of Signing Officer or Director

Date