

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2006 8:00 am
Secretary of State

04-26-2006 90199 028 ***150.00

DOCUMENT # P02000065107			
1. Entity Name THERAPY DYNAMICS, INC.			
Principal Place of Business 1055 MAITLAND CENTER COMMONS 202 MAITLAND, FL 32751		Mailing Address 1055 MAITLAND CENTER COMMONS 202 MAITLAND, FL 32751	
2. Principal Place of Business 1710 W. Fairbanks Ave.		3. Mailing Address 1710 W. Fairbanks Ave.	
Suite, Apt. #, etc. U		Suite, Apt. #, etc.	
City & State Winter Park FL		City & State Winter Park FL 32789	
Zip 32789		Country Orange	
6. Name and Address of Current Registered Agent MCCALLA-WATSON, RENEE 1055 MAITLAND 202 MAITLAND, FL 32751		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCCALLA-WATSON, RENEE 1055 MAITLAND CENTER COMMONS #202 MAITLAND, FL 32751	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Renee McCalla-Watson 1710 W. Fairbanks Ave. Winter Park, FL 32789
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Handwritten Signature]

4/17/06 321-689-0375