2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 10, 2006
Secretary of State

DOCUMENT# P02000078346

Entity Name: ALL-N-ONE THERAPY, INC.

Current Principal Place of Business:

949 JENKS AVE
SUITE 10
PANAMA CITY, FL 32401

New Principal Place of Business:

Current Mailing Address:

928 S. KIMBREL AVE
PANAMA CITY, FL 32404

New Mailing Address:

FEI Number: 16-1619870 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PORTER, MARVIN
928 S. KIMBREL AVE
PANAMA CITY, FL 32404 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: PORTER, MARVIN
Address: 928 S. KIMBREL AVE
City-St-Zip: PANAMA CITY, FL 32404

Title: P ( ) Delete
Name: PORTER, MAY J
Address: 928 S. KIMBREL AVE
City-St-Zip: PANAMA CITY, FL 32404

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: MARVIN PORTER P 05/10/2006

Electronic Signature of Signing Officer or Director Date