

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 11, 2006 8:00 am
Secretary of State

07-25-2006 90029 043 ***155.00

DOCUMENT # P02000081543 1. Entity Name THERAPY TOO, INC.					
Principal Place of Business 322 VALENCIA RD. W. PALM BCH FL 33401				Mailing Address 322 VALENCIA RD. W. PALM BCH FL 33401	
2. Principal Place of Business		3. Mailing Address			
State, Apt. #, etc.		State, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
MARKS, DONNA 322 VALENCIA RD. W. PALM BCH FL 33401				Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 <u><i>Donna Marks</i></u> DATE <u>7/20/06</u> Signature, typed or printed name of registered agent and title is applicable. (NOTE: Registered Agent signature is required when registering.)					
FILE NOW!!! FEE IS \$550.00 DUE BY September 6, 2006 Make Check Payable to Florida Department of State			S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. ☒		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP PD PRESIDENT MARKS, DONNA 322 VALENCIA RD. W. PALM BCH FL 33401	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP SECRETARY Philippe J. [unclear] Major 109 Cloister Rd. WPA, FL 33401	☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP TREASURER MARTA MALOUF 109 CLOISTER RD WPA, FL 33401	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
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: <u><i>Donna Marks</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date <u>7/20/06</u> Daytime Phone # <u>561 8327522</u>		