

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000102146

FILED
May 01, 2006
Secretary of State

Entity Name: THE MESSAGE THERAPY SOURCE, INC.

Current Principal Place of Business:

2553 SR 60 E.
VALRICO, FL 33594

New Principal Place of Business:

Current Mailing Address:

4708 LITTLE DENISE COURT
VALRICO, FL 33594

New Mailing Address:

FEI Number: 55-0796702

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LAQUERRE, CRAIG
4708 LITTLE DENISE COURT
VALRICO, FL 33594 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: PD () Delete
Name: LAQUERRE, CRAIG
Address: 4708 LITTLE DENISE COURT
City-St-Zip: VALRICO, FL 33594

Title: VD () Delete
Name: LAQUERRE, SILVIA
Address: 4708 LITTLE DENISE COURT
City-St-Zip: VALRICO, FL 33594

Title: VVP () Delete
Name: DRIGGERS, CHERYL L
Address: 10143 SOMERSBY DR
City-St-Zip: RIVERVIEW, FL 33569

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: CRAIG LAQUERRE

PD

05/01/2006

Electronic Signature of Signing Officer or Director

Date