2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000024386

Entity Name: THERAPY BY DESIGN, INC.

FILED Apr 11, 2008 Secretary of State

Current P	rincipal Place	e of Business:	New Principal Place of	New Principal Place of Business:	
13903 NW 67 AVENUE			17670 NW 78TH AVE		
440 MIAMI LAKES, FL 33014			113 MIAMI, FL 33015		
Current M	lailing Addres	ss:	New Mailing Address	New Mailing Address:	
13903 NW 67 AVENUE			17670 NW 78TH AVE		
440 MIAMI LAKES, FL 33014			113 MIAMI, FL 33015		
FEI Number	: 90-0060916	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	Address of 0	Current Registered Agent:	Name and Address of	Name and Address of New Registered Agent:	
18784 NW MIAMI, FL The above		submits this statement for the	purpose of changing its registered	l office or registered agent, or both,	
SIGNATU					
	Electro	nic Signature of Registered Ac	gent	Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PD (MARTINEZ, MI 18784 NW 79 MIAMI, FL 330	PLACE	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	VPD (MARTINEZ, MI 18784 NW 79 MIAMI, FL 330	PLACE	Title: Name: Address: City-St-Zip:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify 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: MIGUEL MARTINEZ PRES 04/11/2008