2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000028106

Entity Name: CLOUD 9 THERAPEUTIC MASSAGE CORP.

FILED Jan 08, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

16251 GOLF CLUB RD., UNIT 111 6447 MIAMI LAKES DRIVE EAST, WESTON, FL 33326

SUITE 210 E

MIAMI LAKES, FL 33014

Current Mailing Address: New Mailing Address:

16251 GOLF CLUB RD., UNIT 111 6447 MIAMI LAKES DRIVE EAST SUITE 210 E WESTON, FL 33326

MIAMI LAKES, FL 33014

FEI Number: 03-0511104 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145 US

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPST () Delete Title: DPST (X) Change () Addition

Name: DARIAS, MARIA T Name: DARIAS, MARIA T

8450 NORTHWEST 185TH STREET 16251GOLF CLUB ROAD UNIT 111 Address: Address:

City-St-Zip: HIALEAH, FL 33015 City-St-Zip: WESTON, FL 33326

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutés. 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: MARIA TERESA DARIAS, LMT, CLT **DPST** 01/08/2007