

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000029383

**FILED**  
**Mar 31, 2011**  
**Secretary of State**

**Entity Name:** A CARING TOUCH MASSAGE THERAPY, INC.

**Current Principal Place of Business:**

2106 DREW STREET  
101  
CLEARWATER, FL 33765

**New Principal Place of Business:**

2380 SUNSET POINT ROAD  
CLEARWATER, FL 33765

**Current Mailing Address:**

1247 OAKVIEW AVE  
CLEARWATER, FL 33756

**New Mailing Address:**

**FEI Number:** 81-0603366      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

GAMBARO, ROBERT JR  
1247 OAKVIEW AVE  
CLEARWATER, FL 33756      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

**OFFICERS AND DIRECTORS:**

Title: P  
Name: GAMBARO, ROBERT JR  
Address: 1247 OAKVIEW AVE  
City-St-Zip: CLEARWATER, FL 33756

I hereby 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 all other like empowered.

SIGNATURE: R. GAMBARO JR.

PRES

03/31/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date