

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000033816

**FILED**  
**Apr 14, 2011**  
**Secretary of State**

**Entity Name:** AT HOME MASSAGE THERAPY, INC.

**Current Principal Place of Business:**

241 POE DRIVE  
PALM SPRINGS, FL 33461

**New Principal Place of Business:**

909 LAKE SHORE DRIVE  
APT. 106  
LAKE PARK, FL 33403

**Current Mailing Address:**

241 POE DRIVE  
PALM SPRINGS, FL 33461

**New Mailing Address:**

909 LAKE SHORE DRIVE  
APT. 106  
LAKE PARK, FL 33403

**FEI Number:** 01-0776383

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SHIRK, MARY  
241 POE DRIVE  
PALM SPRINGS, FL 33461 US

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

SHIRK, MARY  
909 LAKE SHORE DRIVE  
APT. 106  
PALM SPRINGS, FL 33403 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:

04/14/2011

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PRES  
Name: SHIRK, MARY E  
Address: 909 LAKE SHORE DRIVE APT. 106  
City-St-Zip: LAKE PARK, FL 33403

Title: VP  
Name: SHIRK, RON S  
Address: 909 LAKE SHORE DRIVE APT. 106  
City-St-Zip: LAKE PARK, FL 33403

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: MARY SHIRK

PRES

04/14/2011

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

\_\_\_\_\_  
Date