2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2006
Secretary of State

DOCUMENT# P03000038400

Entity Name: PHYSICAL THERAPY 4 U, INC.

Current Principal Place of Business:

2828 S. MCCALL ROAD
35
ENGLEWOOD, FL 34224

New Principal Place of Business:

Current Mailing Address:

PO BOX 1174
ENGLEWOOD, FL 34295

New Mailing Address:

FEI Number: 58-2668557 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

BOTTENFIELD, TODD D PRES.
2828 S. MCCALL ROAD
35
ENGLEWOOD, FL 34224 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PRES ( ) Delete
Name: BOTTENFIELD, TODD D PRES.
Address: 12388 MINOT AVE
City-St-Zip: PORT CHARLOTTE, FL 33981

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition
Name: BOTTENFIELD, TODD D PRES.
Address: 12395 KROME AVENUE
City-St-Zip: PORT CHARLOTTE, FL 33981

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: TODD D BOTTENFIELD PRES 03/30/2006

Electronic Signature of Signing Officer or Director — Date