

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000082605

FILED
Mar 23, 2009
Secretary of State

Entity Name: ISLANDTOUCH MASSAGE AND SPA INC.

Current Principal Place of Business:

957 S. FEDERAL HIGHWAY
STUART, FL 34994 US

New Principal Place of Business:

Current Mailing Address:

957 S. FEDERAL HIGHWAY
STUART, FL 34994 US

New Mailing Address:

FEI Number: 06-1703677

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCKINLEY, BEVERLY MS.
1511 NE 12TH TERRACE
F-2
JENSEN BEACH, FL 34957 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: D () Delete
Name: DINOFR, JEFFREY S DR.
Address: 1511 NE 12TH TERRACE, F-2
City-St-Zip: JENSEN BEACH, FL 34957

Title: D () Delete
Name: THWAITES, DANIEL J ESQ.
Address: 34 BLOOMER RD.
City-St-Zip: BREWSTER, NY 10509 NY

Title: MS. () Delete
Name: THWAITES, MARY J
Address: 7771 NW 7TH ST. APT.314
City-St-Zip: MIAMI, FL 33126

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MS. (X) Change () Addition
Name: THWAITES, MARY J
Address: 8600 SW 67TH AVE
City-St-Zip: MIAMI, FL 33143

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: JEFFREY S. DINOFR, D.C.

DR.

03/23/2009

Electronic Signature of Signing Officer or Director

Date