

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000106640

FILED
Apr 22, 2005
Secretary of State

Entity Name: VITALITY THERAPEUTIC MASSAGE, INC.

Current Principal Place of Business:

2431 ALOMA AVENUE, SUITE 170
WINTER PARK, FL 32792

New Principal Place of Business:

2431 ALOMA AVENUE, SUITE 170
WINTER PARK, FL 32792 US

Current Mailing Address:

2826 SHADOW VIEW CIRCLE
MAITLAND, FL 32751

New Mailing Address:

2826 SHADOW VIEW CIRCLE
MAITLAND, FL 32751 US

FEI Number: 52-2442372

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JACKSON, ELAINA
2431 ALOMA AVENUE
SUITE 170
WINTER PARK, FL 32792 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: PST () Delete
Name: BOUCHER, ELAINA
Address: 4836 N. STATE ROAD 7 APT. 305
City-St-Zip: CORAL SPRINGS, FL 33073

Title: VD () Delete
Name: BOUCHER, ELAINA
Address: 4836 N. STATE ROAD 7 APT. 305
City-St-Zip: CORAL SPRINGS, FL 33073

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PST (X) Change () Addition
Name: JACKSON, ELAINA B MISS
Address: 2826 SHADOW VIEW CIRCLE
City-St-Zip: MAITLAND, FL 32751

Title: VD (X) Change () Addition
Name: JACKSON, ELAINA B
Address: 2826 SHADOW VIEW CIRCLE
City-St-Zip: MAITLAND, FL 32751

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: ELAINA B. JACKSON

PST

04/22/2005

Electronic Signature of Signing Officer or Director

Date