

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000118942

Entity Name: MOBILE MASSAGE, INC.

FILED
Mar 23, 2009
Secretary of State

Current Principal Place of Business:

2425 N. COURTENAY PKWY., STE #8
MERRITT ISLAND, FL 32953

New Principal Place of Business:

Current Mailing Address:

2425 N. COURTENAY PKWY., STE #8
MERRITT ISLAND, FL 32953

New Mailing Address:

FEI Number: 20-0368572

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHAW, CHRISTINE E
5690 FALCON BLVD
COCOA, FL 32927 US

Name and Address of New Registered Agent:

SHAW, CHRISTINE E OWNER
2425 N. COURTENAY PARKWAY
SUITE #8
MERRITT ISLAND, FL 32953 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: CHRISTINE E. SHAW

03/23/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SHAW, CHRISTINE E
Address: 5690 FALCON BLVD
City-St-Zip: COCOA, FL 32927

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: SHAW, CHRISTINE E
Address: 2425 N. COURTENAY PKWY, STE #8
City-St-Zip: MERRITT ISLAND, FL 32953

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: CHRISTINE E. SHAW

PD

03/23/2009

Electronic Signature of Signing Officer or Director

Date