

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000001473

FILED
Apr 23, 2006
Secretary of State

Entity Name: HIGH PERFORMANCE MASSAGE THERAPY, INC.

Current Principal Place of Business:

2809 W. 15TH STREET
SUITE 105
PANAMA CITY, FL 32401 US

New Principal Place of Business:

Current Mailing Address:

2809 W. 15TH STREET
SUITE 105
PANAMA CITY, FL 32401 US

New Mailing Address:

FEI Number: 42-1614890

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JENKINS, DAVALYN
2809 W. 15TH STREET
SUITE 105
PANAMA CITY, FL 32401 US

Name and Address of New Registered Agent:

SEAY, DAVALYN J
2809 W. 15TH STREET
SUITE 105
PANAMA CITY, FL 32401 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: DAVALYN JENKINS SEAY

04/23/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: JENKINS, DAVALYN
Address: 2809 W. 15TH STREET, SUITE 105
City-St-Zip: PANAMA CITY, FL 32401 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: SEAY, DAVALYN J
Address: 2809 W. 15TH STREET, SUITE 105
City-St-Zip: PANAMA CITY, FL 32401 US

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: DAVALYN JENKINS SEAY

P

04/23/2006

Electronic Signature of Signing Officer or Director

Date