

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P04000007971																																									
1. Entity Name GLORIA C. CUNNINGHAM, L.M.T., INC.																																									
Principal Place of Business 780 BUTTONWOOD LANE DUNEDIN, FL 34698		Mailing Address 780 BUTTONWOOD LANE DUNEDIN, FL 34698																																							
DO NOT WRITE IN THIS SPACE																																									
6. Name and Address of Current Registered Agent CUNNINGHAM, GLORIA C 780 BUTTONWOOD LANE DUNEDIN, FL 34698		DO NOT WRITE IN THIS SPACE																																							
8. 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. I am familiar with, and accept the obligations of registered agent.																																									
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing) DATE _____																																									
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees																																							
10. OFFICERS AND DIRECTORS		U000000539261 05/03/06-80094-003 150.00																																							
<table border="1"><tr><td>TITLE</td><td>D</td></tr><tr><td>NAME</td><td>CUNNINGHAM, GLORIA C</td></tr><tr><td>STREET ADDRESS</td><td>780 BUTTONWOOD LANE</td></tr><tr><td>CITY-ST-ZIP</td><td>DUNEDIN, FL 34698</td></tr><tr><td>TITLE</td><td>SEE IN ADJACENT</td></tr><tr><td>NAME</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td></tr><tr><td>TITLE</td><td></td></tr><tr><td>NAME</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td></tr><tr><td>TITLE</td><td></td></tr><tr><td>NAME</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td></tr><tr><td>TITLE</td><td></td></tr><tr><td>NAME</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td></tr></table>			TITLE	D	NAME	CUNNINGHAM, GLORIA C	STREET ADDRESS	780 BUTTONWOOD LANE	CITY-ST-ZIP	DUNEDIN, FL 34698	TITLE	SEE IN ADJACENT	NAME		STREET ADDRESS		CITY-ST-ZIP		TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.																																									
SIGNATURE: <u>Gloria Cunningham</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		<u>4-22-06</u> Date Daytime Phone #																																							