2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 07, 2005 8:00 am
Secretary of State
09-07-2005 90011 032 ***150.00

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1. Entity Name
IFHP ADVANCED HYPNOTHERAPY SERVICES, INC.

Principal Place of Business	Mailing Address
5700 LAKE WORTH ROAD SUITE 311-2 LAKE WORTH, FL 33463 US	1674 FOREST LAKES CIRCLE UNIT C WEST PALM BEACH, FL 33406 US

09022005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
1674 Forest Lakes Cir.	
Suite, Apt. #, etc.: Unit C	Suite, Apt. #, etc.
City & State: West Palm Beach, FL	City & State
Zip: 33406 Country: USA	Zip Country

4. FEI Number: 86-1097972 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

ZUIDEMA, D'AMARIS T CHT.,RM
1674 FOREST LAKES CIRCLE
UNIT C
WEST PALM BEACH, FL 33406

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

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 D'Amaris T. Zuidema: CHt, RM, IHM 9/1/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
Due by September 7, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ZUIDEMA, D'AMARIS T CHT.,RM 1674 FOREST LAKES CIRCLE, UNIT C WEST PALM BEACH, FL 33406 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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12. I hereby certify that the information supplied with this filing does not qualify 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 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: D'Amaris T. Zuidema: CHt, RM, IHM 9/1/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #