

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000028195

FILED
Jun 03, 2008
Secretary of State

Entity Name: HOLISTIC INSTITUTE OF MASSAGE THERAPY INC.

Current Principal Place of Business:

1318 SOUTH CRYSTAL LAKE DR.
ORLANDO, FL 32806

New Principal Place of Business:

Current Mailing Address:

1318 SOUTH CRYSTAL LAKE DR.
ORLANDO, FL 32806

New Mailing Address:

FEI Number: 20-1920904

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

TAYLOR, ALAN B
390 NORTH ORANGE AVE.
SUITE 2200
ORLANDO, FL, FL 32801 US

Name and Address of New Registered Agent:

ELFRINK, PRISCILLA A
1318 SOUTH CRYSTAL LAKE DR.
ORLANDO, FL, FL 32806 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: PRISCILLA A. ELFRINK

06/03/2008

Electronic Signature of Registered Agent

Date

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P, S () Delete
Name: ELFRINK, PRISCILLA A P, S
Address: 6110 INDIAN HILL RD.
City-St-Zip: ORLANDO, FL 32808

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: PRISCILLA A. ELFRINK

P,S

06/03/2008

Electronic Signature of Signing Officer or Director

Date