## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Aug 25, 2005 8:00 am Secretary of State 07-27-2005 90044 047 \*\*\*150.00

7,

1. Entity Name	MENT # P04000029 THERAPIES, INC.	0680		07-27-2003 900	944 047 *** 130.00	
Principal Place of Business.		Mailing Address				
8651 SW CRUDEN BAY COURT STUART, FL 34997 US		8651 SW CRUDEN BAY COURT Stuart, Fl. 34997 US		66026450		
2. Principal Place of Business 2001		3. Mailing Address				
Suite, Apt.	#, etc.	Suite, Apt. *, etc.		07142005 Chg-P CR25	(10/03)	
City & State		City & State		4. FEI Number 51-0497903	Applied For Not Applicable	
Zip	Country	Žip	Country	5. Certificate of Status Desired	\$8.75 Additional	
	6. Name and Address of Current			7. Name and Address of New Registered		
BEACON ACCOUNTING SERVICE, INC.			Name	Name		
3135 SW M		Street Address		(P.O. Box Number is Not Acceptable)		
h	1,1 L 34990					
			City	F	L Zip Code	
the obligation	named entity aubmits this statement for ons of registered agent.	r the purpose of changing its i	registered office or regis	terod agent, or both, in the State of Florida. I ar	n familiar with, and accept	
SIGNATURE_	Signature, typed or priviled name of registered agent a	no tite il applicable. (NOTE	Registreti Agent signature requi	tred when revisiteing) DATE	<del></del>	
	E NOW!!! FEE IS \$150.00 to by September 7, 2005	9. Election Compaig Trust Fund Contri		5.00 May Be In accordance with 9. 60 corporation did not received	7.193(2)(b), F.S., the we the prior notice.	
10.	OFFICERS AND	DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTORS IN 11	
TIFLE NAME STREET ADDRESS CITY-ST-2P	P WILD, JENNIFER 8651 SW CRUDEN BAY CT	☐ Delate	TITLE NAME STREET ADDRESS CITY-ST-28P		☐ Change ☐ Addition	
_hre	STUART, FL 34997	☐ Deleta	tine		Change Addition	
HAME STREET ADDRESS CITY-ST-ZIP			NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME		☐ Detete	TITLE			
STREET ADDRESS					Change Addition	
CITY-ST-ZIP			NAME STREET ADDRESS CITY-SI-ZIP	<u>,</u>	Change () Addition	
ÇITY-ST-ZEP TITLE		☐ Delate	STREET ADDRESS CITY-ST-ZIP	:	Change Addition	
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CITY-ST-ZIP  FITLE  NAME  STREET ADDRESS  CITY-ST-ZIP			STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP		Change - Addition	
FITY-51-20P  FITE  NAME STREET ADDRESS CITY-5T-2IP  FITE  NAME _STREET ADDRESS CITY-5T-2IP  TITE  TITE  TITE  TITE  TITE  TITE			STREET ADDRESS CITY- ST- ZIP  TITLE NAME STREET ADDRESS CITY- ST- ZIP  TITLE NAME STREET ADDRESS CITY- ST- ZIP  TITLE		Change - Addition	
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CITY-ST-ZP  THE  NAME STREET ADDRESS CITY-ST-ZP  THE  NAME STREET ADDRESS CITY-ST-ZP  THE  NAME STREET ADDRESS CITY-ST-ZP  12. I hereby condicated in olicated in other courses of the courses	or on an attachment with an address, v	Delete  Delete  Delete  this filling does not qualify for true and accurate and that merced to execute this report a	STREET ADDRESS CITY-SI-ZIP  ITILE NAME STREET ADDRESS CITY-SI-ZIP  the exemption stated in 1 may signature shall have the sequired by Chapter 6	07, Florida Statules; and that my name appears	Change Addition  Change Addition  Change Addition	