

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000066418

FILED
Apr 20, 2006
Secretary of State

Entity Name: PROFESSIONAL THERAPIST, INC.

Current Principal Place of Business:

PO BOX 210334
ROYAL PALM BEACH, FL 33421

New Principal Place of Business:

Current Mailing Address:

PO BOX 210334
ROYAL PALM BEACH, FL 33421

New Mailing Address:

FEI Number: 20-1025462

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NOON WALKER, A. PATRICIA
2234 SHOMA DRIVE
WELLINGTON, FL 33414 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P, D () Delete
Name: NOON WALKER, A. PATRICIA
Address: 2234 SHOMA DRIVE
City-St-Zip: WELLINGTON, FL 33414

Title: S () Delete
Name: WARSHAW, MARTY
Address: 3164 NORTH JOG ROAD #9102
City-St-Zip: WEST PALM BEACH, FL 33411

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: PAT NOON WALKER

P

04/20/2006

Electronic Signature of Signing Officer or Director

Date