

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000066694

FILED
Jan 16, 2005
Secretary of State

Entity Name: PHOENIX HEALING MASSAGE, INC.

Current Principal Place of Business:

600 N.W. 35TH TERRACE
GAINESVILLE, FL 326072441

New Principal Place of Business:

Current Mailing Address:

600 N.W. 35TH TERRACE
GAINESVILLE, FL 326072441

New Mailing Address:

FEI Number: 20-1108926

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MINNO, MARIA
600 N.W. 35TH TERRACE
GAINESVILLE, FL 326072441 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: D () Delete
Name: MINNO, MARIA
Address: 600 N.W. 35TH TERRACE
City-St-Zip: GAINESVILLE, FL 326072441

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: MINNO, MARIA
Address: 600 NW 35TH TERRACE
City-St-Zip: GAINESVILLE, FL 326072441

I hereby certify that the information supplied with this filing does not qualify for the 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 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: MARIA MINNO

MS.

01/16/2005

Electronic Signature of Signing Officer or Director

Date