2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2009
Secretary of State

DOCUMENT# P04000066694

Entity Name: PHOENIX HEALING MASSAGE, INC.

Current Principal Place of Business:

600 NW 35TH TERRACE
GAINESVILLE, FL 326072441

New Principal Place of Business:

600 NW 35TH TERRACE
GAINESVILLE, FL 326072441 US

Current Mailing Address:

600 NW 35TH TERRACE
GAINESVILLE, FL 326072441

New Mailing Address:

600 NW 35TH TERRACE
GAINESVILLE, FL 326072441 US

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 NW 35TH TERRACE
GAINESVILLE, FL 326072441 US

Name and Address of New Registered Agent:

MINNO, MARIA PRES.
600 NW 35TH TERRACE
GAINESVILLE, FL 326072441 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: MARIA MINNO 03/30/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution (X).

OFFICERS AND DIRECTORS:

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

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: MARIA MINNO PRES 03/30/2009
Electronic Signature of Signing Officer or Director Date