

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000134426

FILED
Mar 12, 2009
Secretary of State

Entity Name: HANDS ON THERAPY NETWORK, INC.

Current Principal Place of Business:

7425 SW 42 STREET
MIAMI, FL 33156

New Principal Place of Business:

13900 SW 8 TER
MIAMI, FL 33184

Current Mailing Address:

10600 SW 88 CT
MIAMI, FL 33176

New Mailing Address:

P O BOX 166294
MIAMI, FL 33116

FEI Number: 33-1158396

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LIMA, LEYMI
10600 SW 88 CT
MIAMI,, FL 33176 US

Name and Address of New Registered Agent:

LIMA, LEYMI
13900 SW 8 TER
MIAMI,, FL 33184 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: LEYMI LIMA

03/12/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: LIMA, LEYMI
Address: 10600 SW 88 CT
City-St-Zip: MIAMI,, FL 33176

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: LIMA, LEYMI
Address: P O BOX 166294
City-St-Zip: MIAMI,, FL 33116

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: LEYMI LIMA

P

03/12/2009

Electronic Signature of Signing Officer or Director

Date