

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000134426

FILED
May 13, 2010
Secretary of State

Entity Name: HANDS ON THERAPY NETWORK, INC.

Current Principal Place of Business:

13900 SW 8 TER
MIAMI, FL 33184

New Principal Place of Business:

Current Mailing Address:

P O BOX 166294
MIAMI, FL 33116

New Mailing Address:

13900 SW 8 TER
MIAMI, FL 33184

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
13900 SW 8 TER
MIAMI,, FL 33184 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P
Name: LIMA, LEYMI
Address: 13900 SW 8 TER
City-St-Zip: MIAMI,, FL 33184

I hereby 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 all other like empowered.

SIGNATURE: LEYMI LIMA

P

05/13/2010

_____ Electronic Signature of Signing Officer or Director

_____ Date