2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000142250

Entity Name: THERAPY ONE SOLUTION, INC.

FILED Apr 02, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

900 WEST 49 STREET SUITE 234 HIALEAH, FL 33012

Current Mailing Address: New Mailing Address:

900 WEST 49 STREET SUITE 234 HIALEAH, FL 33012

FEI Number: 20-1752777 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

REAL, LIS I
4100 SW 145 TERRACE
MIAMI, FL 33027 US

RABEIRO, JULIO I
4100 SW 145 TERRACE
MIAMI, FL 33027 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: JULIO RABEIRO 04/02/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PR () Delete Title: VPD (X) Change () Addition

 Name:
 REAL, LIS I
 Name:
 REAL, LIS I

 Address:
 4100 SW 145 TERRACE
 Address:
 981 SW 137 CT

 City-St-Zip:
 MIRAMAR, FL 33027 BR
 City-St-Zip:
 MIAMI, FL 33184 DA

Title: VPDT () Delete Title: PDTS (X) Change () Addition Name: RABEIRO, JULIO M VPDTS Name: RABEIRO, JULIO M VPDTS

 Name:
 RABEIRO, JOLIO M VPDIS
 Name:
 RABEIRO, JOLIO M VPDI

 Address:
 4100 SW 145 TERRACE
 Address:
 4100 SW 145 TERRACE

 City-St-Zip:
 MIRAMAR, FL 33027 US
 City-St-Zip:
 MIRAMAR, FL 33027 US

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: JULIO RABEIRO PDTS 04/02/2009