

2010 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P04000142250

FILED
Sep 30, 2010
Secretary of State

Entity Name: THERAPY ONE SOLUTION, INC.

Current Principal Place of Business:

900 WEST 49 STREET SUITE 234
900 W 49 ST STE #234
HIALEAH, FL 33012

New Principal Place of Business:

491 HIALEAH DRIVE
SUITE # 2
HIALEAH, FL 33010

Current Mailing Address:

900 WEST 49 STREET SUITE 234
HIALEAH, FL 33012

New Mailing Address:

491 HIALEAH DRIVE
SUITE # 2
HIALEAH, FL 33010

FEI Number: 20-1752777

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RABEIRO, JULIO M
4100 SW 145 TERRACE
MIAMI, FL 33027 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

OFFICERS AND DIRECTORS:

Title: PS
Name: REAL, LIS I
Address: 4100 SW 145 TER
City-St-Zip: MIRAMAR, FL 33027 BR

Title: TREA
Name: RABEIRO, JULIO M
Address: 4100 SW 145 TER
City-St-Zip: MIRAMAR, FL 33027

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: JULIOM RABEIRO

RA

09/30/2010

Electronic Signature of Signing Officer or Director

Date