2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 07, 2005
Secretary of State

DOCUMENT# P04000143612

Entity Name: FORMETHERAPY, INC.

Current Principal Place of Business:

3355 W BEARSS AVE
TAMPA, FL 33618

New Principal Place of Business:

18928 ST LAURENT DR
LUTZ, FL 33558

Current Mailing Address:

3355 W BEARSS AVE
TAMPA, FL 33618

New Mailing Address:

18928 ST LAURENT DR
LUTZ, FL 33558

FEI Number: 20-2958885 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FORMAN, ANDREW S ESQ
3355 W BEARSS AVE
TAMPA, FL 33618 US

Name and Address of New Registered Agent:

DESNOES, JONN
18928 ST LAURENT DR
LUTZ, FL 33558 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: JONN DESNOES 06/07/2005
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: D ( ) Delete
Name: FORMAN, ANDREW S ESQ
Address: 3355 W BEARSS AVE
City-St-Zip: TAMPA, FL 33618

Title: D ( ) Delete
Name: DESNOES, JONN
Address: 18928 ST LAURENT DR
City-St-Zip: LUTZ, FL 33558

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: DESNOES, JONN
Address: 18928 ST LAURENT DR
City-St-Zip: LUTZ, FL 33558

Title: V (X) Change ( ) Addition
Name: DESNOES, ERIKA
Address: 18928 ST LAURENT DR
City-St-Zip: LUTZ, FL 33558

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: JONN DESNOES P 06/07/2005
Electronic Signature of Signing Officer or Director Date