

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000149071

FILED
Apr 20, 2007
Secretary of State

Entity Name: TREVOR LEVENS MASSAGE THERAPY, INC.

Current Principal Place of Business:

4753 SW 14TH PLACE
DEERFIELD BEACH, FL 33442

New Principal Place of Business:

8059 STIRRUP CAY CT.
BOYNTON BEACH, FL 33436

Current Mailing Address:

4753 SW 14TH PLACE
DEERFIELD BEACH, FL 33442

New Mailing Address:

8059 STIRRUP CAY CT.
BOYNTON BEACH, FL 33436

FEI Number: 20-1818574

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEVENS, TREVOR
4753 SW 14TH PLACE
DEERFIELD BEACH, FL 33442 US

Name and Address of New Registered Agent:

LEVENS, TREVOR M
8059 STIRRUP CAY CT.
BOYNTON BEACH, FL 33436 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: TREVOR M. LEVENS

04/20/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: LEVENS, TREVOR
Address: 4753 SW 14TH PLACE
City-St-Zip: DEERFIELD BEACH, FL 33442

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: LEVENS, TREVOR M
Address: 8059 STIRRUP CAY CT.
City-St-Zip: BOYNTON BEACH, FL 33436

I hereby certify that the information supplied with this filing does not qualify for the 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: TREVOR M. LEVENS

P

04/20/2007

Electronic Signature of Signing Officer or Director

Date