

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000169052

Entity Name: AMICUS HYPNOSIS, INC.

FILED
Sep 06, 2005
Secretary of State

Current Principal Place of Business:

100 SE 2ND STREET, SUITE 2150
BANK OF AMERICA TOWER
MIAMI, FL 33131 US

New Principal Place of Business:

Current Mailing Address:

100 SE 2ND STREET, SUITE 2150
BANK OF AMERICA TOWER
MIAMI, FL 33131 US

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MARINO, STEPHEN
100 SE 2ND STREET, SUITE 2150
BANK OF AMERICA TOWER
MIAMI, FL 33131 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: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES () Change (X) Addition
Name: GAROFALO, TINA M PRESIDE
Address: 1111 SW 13TH STREET
City-St-Zip: BOCA RATON, FL 33486 US

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: TINA M. GAROFALO

PRES

09/06/2005

Electronic Signature of Signing Officer or Director

_____ Date