## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P05000009136

Entity Name: INTUITIVE MASSAGE, INC.

FILED Apr 30, 2007 Secretary of State

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

1725 BUCK STREET228 LARK AVENUELAKE PLACID, FL 33852SEBRING, FL 33872

Current Mailing Address: New Mailing Address:

1725 BUCK STREET 228 LARK AVENUE LAKE PLACID, FL 33852 SEBRING, FL 33872

FEI Number: 20-2188492 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:

NIKOLAKAKIS, CHARLENE A
1725 BUCK STREET
LAKE PLACID, FL 33852 US

NIKOLAKAKIS, CHARLENE A
228 LARK AVENUE
SEBRING, FL 33872 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: CHARLENE A. NIKOLAKAKIS 04/30/2007

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Delete Title: (X) Change ( ) Addition NIKOLAKAKIS, CHARLENE A NIKOLAKAKIS, CHARLENE A Name: Name: 228 LARK AVENUE 1725 BUCK STREET Address: Address: City-St-Zip: LAKE PLACID, FL 33852 City-St-Zip: SEBRING, FL 33872

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: CHARLENE A NIKOLAKAKIS P 04/30/2007