2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2009
Secretary of State

DOCUMENT# P05000040752

Entity Name: KNEADED THERAPY, INC.

Current Principal Place of Business:

2746 E. COMM. BLVD.
FORT LAUDERDALE, FL 33308

New Principal Place of Business:

2746 E. COMMERCIAL BLVD.
FORT LAUDERDALE, FL 33308

Current Mailing Address:

2746 E. COMM. BLVD.
SUITE 200B
FORT LAUDERDALE, FL 33308

New Mailing Address:

2746 E. COMMERCIAL BLVD..
FORT LAUDERDALE, FL 33308

FEI Number: 20-2553779 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FILINGS, INC.
3732 N.W. 16TH STREET
FT. LAUDERDALE, FL 333114132 US

Name and Address of New Registered Agent:

TRUJILLO, KIRSTEN
2746 E. COMMERCIAL BLVD.
FORT LAUDERDALE, FL 33308 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: KRISTEN TRUJILLO 02/04/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PSTD ( ) Delete
Name: TRUJILLO, KRISTEN
Address: 2746 E. COMM. BLVD.
City-St-Zip: FORT LAUDERDALE, FL 33308

Title: ST ( ) Delete
Name: TRUJILLO, JOEL
Address: 2746 E. COMM. BLVD.
City-St-Zip: FORT LAUDERDALE, FL 33308

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change ( ) Addition
Name: TRUJILLO, KRISTEN J PRES
Address: 2746 E. COMM. BLVD.
City-St-Zip: FORT LAUDERDALE, FL 33308

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: KRISTEN TRUJILLO P 02/04/2009
Electronic Signature of Signing Officer or Director Date