

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000042768

FILED
Feb 07, 2007
Secretary of State

Entity Name: MATTHEW BROWNSTEIN HYPNOTHERAPY, INC.

Current Principal Place of Business:

4051 NW 43RD STREET
SUITE 36
GAINESVILLE, FL 32606 US

New Principal Place of Business:

4051 NW 43RD STREET,
SUITE 37
GAINESVILLE, FL 32606 US

Current Mailing Address:

4051 NW 43RD STREET
SUITE 36
GAINESVILLE, FL 32606 US

New Mailing Address:

4051 NW 43RD STREET
SUITE 37
GAINESVILLE, FL 32606 US

FEI Number: 20-2535820

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LUCKEY, JOHN C
4045 NW 43RD STREET
SUITE A
GAINESVILLE, FL 32606 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BROWNSTEIN, MATTHEW
Address: 4051 NW 43RD STREET SUITE 36
City-St-Zip: GAINESVILLE, FL 32606 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: BROWNSTEIN, MATTHEW
Address: 4051 NW 43RD STREET SUITE 37
City-St-Zip: GAINESVILLE, FL 32606 US

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: MATTHEW BROWNSTEIN

P

02/07/2007

Electronic Signature of Signing Officer or Director

Date