

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000046148

FILED
Mar 12, 2009
Secretary of State

Entity Name: CHILDREN'S THERAPY NETWORK, INC.

Current Principal Place of Business:

1 PELICAN DR.
SUITE A
EDGEWATER, FL 32141

New Principal Place of Business:

2242 STATE ROAD 44
NEW SMYRNA BEACH, FL 32168

Current Mailing Address:

1 PELICAN DR.
SUITE A
EDGEWATER, FL 32141

New Mailing Address:

2242 STATE ROAD 44
NEW SMYRNA BEACH, FL 32168

FEI Number: 20-2576779

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JOHNSON, GINA
316 TWO OAKS DRIVE
EDGEWATER, FL 32141 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: PVST () Delete
Name: JOHNSON, GINA
Address: 316 TWO OAKS DRIVE
City-St-Zip: EDGEWATER, FL 32141

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: GINA JOHNSON

PVST

03/12/2009

Electronic Signature of Signing Officer or Director

Date