2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2011
Secretary of State

DOCUMENT# P05000046148

Entity Name: CHILDREN'S THERAPY NETWORK, INC.

Current Principal Place of Business:

2242 STATE ROAD 44
NEW SMYRNA BEACH, FL 32168

New Principal Place of Business:

315 NORTH RIDGEWOOD AVE.
EDGEWATER, FL 32132

Current Mailing Address:

2242 STATE ROAD 44
NEW SMYRNA BEACH, FL 32168

New Mailing Address:

315 NORTH RIDGEWOOD AVE.
EDGEWATER, FL 32132

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

OFFICERS AND DIRECTORS:

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

I hereby 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 all other like empowered.

SIGNATURE: GINA JOHNSON PVST 03/17/2011

Electronic Signature of Signing Officer or Director Date