2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000077755

FILED Apr 27, 2008 Secretary of State

Entity Name: EMERALD COAST SCHOOL OF MASSAGE AND HEALTH CARE SERVICES, INC.

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

351 MARY ESTHER BLVD. 351 MARY ESTHER BLVD. SUITE 7

SUITE 5 MARY ESTHER, FL 32569 MARY ESTHER, FL 32569

Current Mailing Address: New Mailing Address:

351 MARY ESTHER BLVD. P.O. BOX 368

SUITE 7 MARY ESTHER, FL 32569 MARY ESTHER, FL 32569

FEI Number: 20-3010299 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:

WHITNEY, BOBBY L 150 EGLIN PARKWAY NE

FORT WALTON BEACH, FL 32548 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:

Date

Electronic Signature of Registered Agent

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition

SAVAGE, ROBERT SAVAGE, ROBERT Name: Name:

351 MARY ESTHER BLVD., SUITE 7 351 MARY ESTHER BLVD., SUITE 5 Address: Address: City-St-Zip: MARY ESTHER, FL 32569 City-St-Zip: MARY ESTHER, FL 32569

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: ROBERT SAVAGE PS 04/27/2008