2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000081856

Entity Name: MY INTENSIVE THERAPY INC.

FILED Apr 29, 2006 Secretary of State

Current Princip	pal Place of Business:	New Principal Place of Business

8420 SW 184TH TERRACE 15904 SW 92ND AVE. MIAMI, FL 33157 MIAMI, FL 33157

Current Mailing Address: New Mailing Address:

8420 SW 184TH TERRACE 15904 SW 92ND AVE. MIAMI, FL 33157 MIAMI, FL 33157

FEI Number: 20-3047907 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:

 VAN DER DIJS, ERIKA M
 PASCO, CYNTHIA M

 8420 SW 184TH TERRACE
 15904 SW 92ND AVE.

 MIAMI, FL 33157 US
 MIAMI, FL 33157 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: CYNTHIA PASCO 04/29/2006

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete Title: D (X) Change () Addition Name: PASCO, CYNTHIA M Name: PASCO, CYNTHIA M

Address: 8420 SW 184TH TERRACE Address: 15904 SW 92ND AVE
City-St-Zip: MIAMI, FL 33157 City-St-Zip: MIAMI, FL 33157

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

 Name:
 LOPEZ, DAMARY
 Name:
 LOPEZ, DAMARY

 Address:
 8420 SW 184TH TERRACE
 Address:
 15904 SW 92ND AVE.

 City-St-Zip:
 MIAMI, FL 33157
 City-St-Zip:
 MIAMI, FL 33157

 Name:
 BURCH, JENNIFER
 Name:
 BURCH, JENNIFER

 Address:
 8420 SW 184TH TERRACE
 Address:
 15904 SW 92ND AVE.

 City-St-Zip:
 MIAMI, FL 33157
 City-St-Zip:
 MIAMI, FL 33157

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: CYNTHIA M PASCO D 04/29/2006