

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000088108

FILED
Apr 15, 2009
Secretary of State

Entity Name: FULL CYCLE THERAPY, CORP.

Current Principal Place of Business:

300 EUCLID AVE #102
MIAMI BCH, FL 33139

New Principal Place of Business:

1239 ALTON ROAD
SUITE #4
MIAMI BCH, FL 33139

Current Mailing Address:

300 EUCLID AVE #102
MIAMI BCH, FL 33139

New Mailing Address:

300 EUCLID AVE
#102
MIAMI BCH, FL 33139

FEI Number: 20-3044632

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FRANCOIS, REGINA
300 EUCLID AVE #102
MIAMI BCH, FL 33139 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: DP () Delete
Name: FRANCOIS, REGINA
Address: 300 EUCLID AVE #102
City-St-Zip: MIAMI BCH, FL 33139

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: REGINA FRANCOIS

OWNE

04/15/2009

Electronic Signature of Signing Officer or Director

Date