2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2012
Secretary of State

DOCUMENT# P05000097668

Entity Name: REEL THERAPY, INC.

Current Principal Place of Business:

108 KNOWLES STREET
ISLAMORADA, FL 33036

New Principal Place of Business:

Current Mailing Address:

108 KNOWLES STREET
ISLAMORADA, FL 33036

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CROWELL, GUS H
171 HOOD AVENUE, SUITE 12
TAVERNIER, FL 33070 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: D
Name: BEELER, JEFFREY D
Address: 108 KNOWLES STREET
City-St-Zip: ISLAMORADA, FL 33036

Title: D
Name: BEELER, AMY L
Address: 108 KNOWLES STREET
City-St-Zip: ISLAMORADA, FL 33036

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: JEFFREY D. BEELER P 03/14/2012

Electronic Signature of Signing Officer or Director Date