## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P05000126863

Entity Name: FUNCTIONAL INTEGRATIVE THERAPIES, INC.

FILED Mar 16, 2007 Secretary of State

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

1208 NW 6TH STREET SUITE A GAINESVILLE, FL 32601

Current Mailing Address: New Mailing Address:

1208 NW 6TH STREET SUITE A GAINESVILLE, FL 32601

FEI Number: 51-0550002 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:

CAMBREA, VINCENT 2725 SW 27TH AVE., STE. T-4 GAINESVILLE, FL 32608 US CAMBREA, VINCENT 2330 SW WILLISTON ROAD APT # 2532 GAINESVILLE, FL 32608 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: VINCENT CAMBREA 03/16/2007

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Name: CAMBREA, VINCENT Name: CAMBREA, VINCENT

Address: 2725 SW 27TH AVE., STE. T-4 Address: 2330 SW WILLISTON ROAD APT # 2532

City-St-Zip: GAINESVILLE, FL 32608 City-St-Zip: GAINESVILLE, FL 32608

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: VINCENT CAMBREA D 03/16/2007