2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 04, 2008
Secretary of State

DOCUMENT# P05000126863

Entity Name: FUNCTIONAL INTEGRATIVE THERAPIES, INC.

Current Principal Place of Business:

1208 NW 6TH STREET
SUITE A
GAINESVILLE, FL 32601

New Principal Place of Business:

Current Mailing Address:

1208 NW 6TH STREET
SUITE A
GAINESVILLE, FL 32601

New Mailing Address:

FEI Number: 51-0550002 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CAMBREA, VINCENT
2330 SW WILLISTON ROAD
APT # 2532
GAINESVILLE, FL 32608 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: D ( ) Delete
Name: CAMBREA, VINCENT
Address: 2330 SW WILLISTON ROAD APT # 2532
City-St-Zip: GAINESVILLE, FL 32608

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: CAMBREA, VINCENT
Address: 2850 SW 14TH DR
City-St-Zip: GAINESVILLE, FL 32608

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: VINCENT CAMBREA MR 01/04/2008

Electronic Signature of Signing Officer or Director — Date