2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2008
Secretary of State

DOCUMENT# P05000141543

Entity Name: FEEL BETTER THERAPY INC.

Current Principal Place of Business:

8180 NW 36TH ST
DORAL, FL 33166

New Principal Place of Business:

8180 NW 36TH ST
101
DORAL, FL 33166

Current Mailing Address:

8180 NW 36TH ST
DORAL, FL 33166

New Mailing Address:

8180 NW 36TH ST
101
DORAL, FL 33166

FEI Number: 05-0628091 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FERNANDEZ, BARBARA
19640 STERLING DRIVE
MIAMI, FL 33157 US

Name and Address of New Registered Agent:

FERNANDEZ, BARBARA
8180 NW 36 ST
101
DORAL, FL 33166 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: BARBARA FERNANDEZ 02/12/2008
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: FERNANDEZ, BARBARA
Address: 1990 SW 1 STREET
City-St-Zip: MIAMI, FL 33134

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: FERNANDEZ, BARBARA
Address: 8180 NW 36 ST SUITE 101
City-St-Zip: DORAL, FL 33166

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: BARBARA FERNANDEZ P 02/12/2008
Electronic Signature of Signing Officer or Director Date