

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000143347

Entity Name: 30-A THERAPY, INC.

FILED
Feb 05, 2009
Secretary of State

Current Principal Place of Business:

57 B UPTOWN GRAYTON CIRCLE
SANTA ROSA BEACH, FL 32459 US

New Principal Place of Business:

1593 CO HWY 393 S
A & B
SANTA ROSA BEACH, FL 32459 US

Current Mailing Address:

PO BOX 645
DEFUNIAK SPRINGS, FL 32435 US

New Mailing Address:

FEI Number: 20-3676821 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

HOWELL, ROSEMARY M
57 UPTOWN GRAYTON CIRCLE
SUITE B
SANTA ROSA BEACH, FL 32459 US

Name and Address of New Registered Agent:

HOWELL, ROSEMARY M
1593 CO HWY 393 S
SUITE A & B
SANTA ROSA BEACH, FL 32459 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:

02/05/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: HOWELL, ROSEMARY M
Address: PO BOX 645
City-St-Zip: DEFUNIAK SPRINGS, FL 32435 US

Title: S T () Delete
Name: HOWELL, ROSEMARY M
Address: PO BOX 645
City-St-Zip: DEFUNIAK SPRINGS, FL 32435 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: ROSEMARY M. HOWELL

PD

02/05/2009

Electronic Signature of Signing Officer or Director

Date