2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 19, 2006
Secretary of State

DOCUMENT# P05000153633

Entity Name: HEAVENLY MASSAGE & SPA THERAPY CENTER INC

Current Principal Place of Business:

1008 WILLA SPRINGS DR
SUITE 110
WINTER SPRINGS, FL 32708 US

New Principal Place of Business:

447 EAGLE CIRCLE
CASSELBERRY, FL 32707 US

Current Mailing Address:

1008 WILLA SPRINGS DR
SUITE 110
WINTER SPRINGS, FL 32708 US

New Mailing Address:

447 EAGLE CIRCLE
CASSELBERRY, FL 32707 US

FEI Number: 20-3816935 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RODRIGUEZ, DARIO A
4515 BOND LANE
OVIEDO, FL 32767 US

Name and Address of New Registered Agent:

ROSA, MARIA M
447 EAGLE CIRCLE
CASSELBERRY, FL 32707 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: MARIA M ROSA 05/19/2006
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: RODRIGUEZ, DARIO A
Address: 4515 BOND LANE
City-St-Zip: OVIEDO, FL 32767 US

Title: VP (X) Delete
Name: ROSA, MARIA M
Address: 447 EAGLE CIRCLE
City-St-Zip: CASSELBERRY, FL 32707 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: ROSA, MARIA M
Address: 447 EAGLE CIRCLE
City-St-Zip: CASSELBERRY, FL 32707 US

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

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: MARIA M ROSA P 05/19/2006
Electronic Signature of Signing Officer or Director Date