2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000001409

FILED Apr 17, 2008 Secretary of State

Entity Na	me: ESSENT	IAL THERAPY INC.			
Current P	rincipal Place	of Business:	New Principal Place	New Principal Place of Business:	
7730 NW (PEMBRO	6 CT KE PINES, FL	33024			
Current M	lailing Addres	ss:	New Mailing Address	New Mailing Address:	
7730 NW (PEMBRO	6 CT KE PINES, FL	33024			
FEI Number	: 20-4136835	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	l Address of C	Current Registered Agent:	Name and Address o	f New Registered Agent:	
8875 HIDE	INCORPORAT DEN RIVER PK L 336372087	WY ŚUITE 300	RITZ, NEREIDA 7730 NW 6TH CT PEMBROKE PINES, F	L 33024 US	
	e named entity e of Florida.	submits this statement for th	e purpose of changing its registered	d office or registered agent, or both,	
SIGNATU	RE: NEREIDA	A RITZ		04/17/2008	
	Electror	nic Signature of Registered A	Agent	Date	
Election Car	mpaign Financin	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	RITZ, NEREIDA 7730 NW 6 CT		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	RITZ, JOHN 7730 NW 6 CT) Delete NES. FL 33024	Title: Name: Address: Citv-St-Zip:	() Change () Addition	

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: NEREIDA RITZ MRS 04/17/2008