

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2007 8:00 am
Secretary of State

03-12-2007 90097 005 ***158.75

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02282007 Chg-P CR2E034 (12/06)

DOCUMENT # P06000008854 1. Entity Name CHRISTIE KUSZIK THERAPEUTIC MASSAGE, INC.																													
Principal Place of Business 36 CAPISTRANO DR ORMOND BEACH, FL 32176 US			Mailing Address 36 CAPISTRANO DR ORMOND BEACH, FL 32176 US																										
2. Principal Place of Business - No P.O. Box # <u>4 Oceans West Blvd</u> Suite, Apt. #, etc. <u>204 C</u>		3. Mailing Address <u>4 Oceans West Blvd</u> Suite, Apt. #, etc. <u>204 C</u>		4. FEI Number <u>20-4162342</u> Applied For <input type="checkbox"/> Not Applicable																									
City & State <u>Daytona Beach Shores, FL</u> Zip <u>32118</u>		City & State <u>Daytona Beach Shores, FL</u> Zip <u>32118</u>																											
Country <u>US</u>		Country <u>US</u>																											
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent KUSZIK, CHRISTIE 36 CAPISTRANO DR ORMOND BEACH, FL 32176																									
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <u>4 Oceans West Blvd, # 204C</u> City <u>Daytona Beach Shores FL</u> Zip Code <u>32118</u>																													
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE: <u>Christie C Kuzik</u> DATE: <u>March 7, 2007</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>																													
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																											
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;">P</td> <td style="width: 30%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>KUSZIK, CHRISTIE</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>36 CAPISTRANO DR</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>ORMOND BEACH, FL 32176</td> <td></td> </tr> </table>			TITLE	P	<input type="checkbox"/> Delete	NAME	KUSZIK, CHRISTIE		STREET ADDRESS	36 CAPISTRANO DR		CITY - ST - ZIP	ORMOND BEACH, FL 32176		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;">Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td><u>4 Oceans West Blvd # 204C</u></td> </tr> <tr> <td>STREET ADDRESS</td> <td><u>Daytona Beach Shores FL 32118</u></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> </tr> </table>			TITLE	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>	NAME	<u>4 Oceans West Blvd # 204C</u>	STREET ADDRESS	<u>Daytona Beach Shores FL 32118</u>	CITY - ST - ZIP					
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SIGNATURE: Christie C Kuzik

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #