

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000008854

FILED  
Jul 29, 2008  
Secretary of State

**Entity Name:** CHRISTIE KUSZIK THERAPEUTIC MASSAGE, INC.

**Current Principal Place of Business:**

4 OCEANS WEST BLVD.  
204 C  
DAYTONA BEACH SHORES, FL 32118 US

**New Principal Place of Business:**

725 W. GRANADA BLVD.  
SUITE 32  
ORMOND BEACH, FL 32174 US

**Current Mailing Address:**

4 OCEANS WEST BLVD.  
204 C  
DAYTONA BEACH SHORES, FL 32118 US

**New Mailing Address:**

**FEI Number:** 20-4162342      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

KUSZIK, CHRISTIE  
4 OCEANS WEST BLVD.  
#204C  
DAYTONA BEACH SHORES, FL 32118 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: KUSZIK, CHRISTIE  
Address: 4 OCEANS WEST BLVD., # 204C  
City-St-Zip: DAYTONA BEACH SHORES, FL 32118 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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: CHRISTIE KUSZIK

PRES

07/29/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date