

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 23, 2007 8:00 am**  
**Secretary of State**

03-23-2007 90030 028 \*\*\*158.75

60027873



03212007 Chg-P CR2E034 (12/06)

<b>DOCUMENT # P06000062312</b> 1. Entity Name <b>WELLSPRING MASSAGE THERAPY, INC.</b>					
Principal Place of Business 5722 S. FLAMINGO RD. #209 COOPER CITY, FL 33330-3206			Mailing Address 5722 S. FLAMINGO RD. #209 COOPER CITY, FL 33330-3206		
2. Principal Place of Business - No P.O. Box # 5200 S. University Dr Suite, Apt. #, etc. Suite 105		3. Mailing Address 5200 S. University Dr Suite, Apt. #, etc. Suite 105			
City & State Davie FL		City & State Davie FL		4. FEI Number 320179408	
Zip 33328		Country USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  FILINGS, INC. 3732 NW 16TH ST. FT. LAUDERDALE, FL 33311			7. Name and Address of New Registered Agent Name MARY NACKNOUCK Street Address (P.O. Box Number is Not Acceptable) 5200 S. UNIVERSITY DR. SUITE 105 City DAVIE FL Zip Code 33328		
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>Mary Nacknock President</u> DATE <u>3/21/07</u> <small>Signature must be printed name of registered agent and the fee is applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP NACKNOUCK, MARY 3534 S. UNIVERSITY DR. DAVIE, FL 33328		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP NACKNOUCK MARY 5200 S. UNIVERSITY DR SUITE 105 DAVIE, FL 33328	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Mary Nacknock</u> DATE <u>3/21/07</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

MARY NACKNOUCK, PRESIDENT