


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2007 8:00 am
Secretary of State

03-21-2007 90035 033 ***150.00

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| DOCUMENT # P06000077094 |  |
| 1. Entity Name MANUAL LYMPH DRAINAGE INSTITUTE, INC. | |

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| Principal Place of Business 25 SIMONTON CIR. WESTON, FL 33326 | Mailing Address 25 SIMONTON CIR. WESTON, FL 33326 |
|---|---|

60026242



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| 2. Principal Place of Business - No. P.O. Box # 1112 WESTON RD | 3. Mailing Address 1112 WESTON RD. |
| Suite, Apt. #, etc. #163 | Suite, Apt. #, etc. #163 |
| City & State WESTON, FL | City & State WESTON, FL |
| Zip 33326 | Country U.S.A |

03172007 Chg-P CR2E034 (12/06)

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|---|---|
| 4. FEI Number 20-5096636 | Applied For <input type="checkbox"/> |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

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| 6. Name and Address of Current Registered Agent DIFALCO, LISA 25 SIMONTON CIR. WESTON, FL 33326 | |
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| 7. Name and Address of New Registered Agent | |
| Name | |
| Street Address (P.O. Box Number is Not Acceptable) | 1112 WESTON RD. #163 |
| City | WESTON FL |
| Zip Code | 33326 |

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  DATE **03/17/07**

(Signature, typed or printed name of registered agent and title if applicable.)

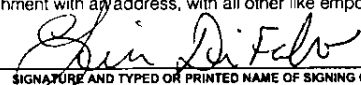
(NOTE: Registered Agent signature required when reinstating)

DATE

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| 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 |
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| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|--|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PS DIFALCO, LISA 25 SIMONTON CIR. 1112 WESTON RD. #163 WESTON, FL 33326 | 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 |
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| 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:  **LISA DIFALCO** **PRESIDENT** DATE **03/17/07** DAYTIME PHONE # **954-769-0042**

(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

DATE

DAYTIME PHONE #