

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000113610

FILED
Jul 12, 2007
Secretary of State

Entity Name: ESCAPE THERAPEUTIC MASSAGE INC.

Current Principal Place of Business:

4400 BAYOU BLVD.
SUITE 24
PENSACOLA, FL 32503 US

New Principal Place of Business:

Current Mailing Address:

4400 BAYOU BLVD.
SUITE 24
PENSACOLA, FL 32503 US

New Mailing Address:

FEI Number: 20-5634909 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

KNIGHT, STEPHANIE E
6312 LANGLEY PLACE
PENSACOLA, FL 32504 US

Name and Address of New Registered Agent:

KNIGHT, STEPHANIE E
4400 BAYOU BLVD
PENSACOLA, FL 32503 US

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: STEPHANIE E KNIGHT

07/12/2007

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: KNIGHT,, STEPHANIE E
Address: 6312 LANGLEY PLACE
City-St-Zip: PENSACOLA, FL 32504 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: MS (X) Change () Addition
Name: KNIGHT, STEPHANIE E
Address: 4400 BAYOU BLVD
City-St-Zip: PENSACOLA, FL 32503 US

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: STEPHANIE E KNIGHT

MS

07/12/2007

Electronic Signature of Signing Officer or Director

Date