2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P06000123269

Entity Name: THERAPY FOR ALL, INC.

FILED Dec 04, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

4160 W 16 AVE, STE 306 HIALEAH, FL 33012

Current Mailing Address: New Mailing Address:

4160 W 16 AVE, STE 306 HIALEAH, FL 33012

FEI Number: 20-5623946 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

CORTINA, YAMILKA RAMOS, AIDA R 5871 NW 193RD ST. 4160 WEST 16 AVE HIALEAH, FL 33015 US SUITE 308 HIALEAH, FL 33012 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: AIDA RAMOS 12/04/2008

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: PD (X) Change () Addition Name: CORTINA, YAMILKA Name: RAMOS, AIDA

Address: 5871 NW 193RD ST. Address: 4160 WEST 16 AVE, SUITE308

City-St-Zip: HIALEAH, FL 33015 City-St-Zip: HIALEAH, FL 33012

Title: () Delete Title: VP () Change (X) Addition

 Name:
 Name:
 NODARSE, ALFREDO

 Address:
 Address:
 4160 WEST 16 AVE, SUITE 308

City-St-Zip: City-St-Zip: HIALEAH, FL 33012

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: AIDA RAMOS PD 12/04/2008