
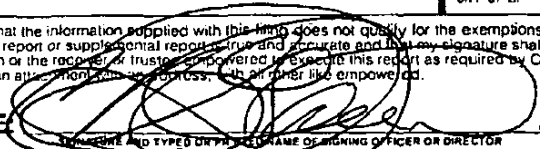


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

7. Aug 29, 2008 8:00 am
Secretary of State

07-24-2008 90016 005 ***150.00

DOCUMENT # P06000124063			
1. Entity Name A MESSAGE THERAPIST & ASSOCIATES, INC.			
Principal Place of Business 650 BONVIEW LANE ALTAMONTE SPRINGS, FL 32714		Mailing Address PO BOX 940546 MAITLAND, FL 32794	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
8. Name and Address of Current Registered Agent GREEN, C A 650 BONVIEW LANE ALTAMONTE SPRINGS, FL 32714		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
6. 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contributions. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GREEN, C A PO BOX 940546 MAITLAND, FL 32794 <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 to this report, with all other like empowered.			
SIGNATURE 		Date <u>July 30, 2008</u> 407-497-4450	

66016158



07062008 Chg-P CR2E034 (12/06)

4. FEI Number 43-1469508 Applied For
- APPLIED FOR - Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

27319



ATTACHMENT

66016158

FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 1, 2008

A MESSAGE THERAPIST & ASSOCIATES, INC.
PO BOX 940546
MAITLAND, FL 32794

Subject: A MESSAGE THERAPIST & ASSOCIATES, INC.

Reference Number: P06000124063

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Because our records reflect the above referenced entity previously applied for its Federal Employer Identification (FEI) Number, it must now include its FEI number on the annual report/uniform business report or attach a photocopy of the FEI number application to the document before we can complete your filing.

TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/NP

ANNUAL REPORTS SECTION

FEI # 43-1469508
added to application Thank you
[Signature]

P.O. BOX 6327 - Tallahassee, Florida 32314