2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000129966

Entity Name: GENTLE THERAPY INC.

FILED Jan 05, 2008 Secretary of State

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

1790 SW 27TH AVENUE MIAMI, FL 33145

Current Mailing Address: New Mailing Address:

1790 SW 27TH AVENUE MIAMI, FL 33145

FEI Number: 20-8053615 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:

VELAZQUEZ, VICTOR
8013 OLD CUTLER ROAD
MIAMI, FL 33143 US

VELAZQUEZ, VICTOR
1790 SW 27 AVENUE
MIAMI, FL 33145 US

MIAMI, FL 33145 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: 01/05/2008

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: PRFS (X) Change () Addition ANDREU, CHRISTEN Name: Name: VELAZQUEZ, HORTENSI 16151 NW 77TH PLACE 1790 SW 27 AVENUE Address: Address: City-St-Zip: MIAMI LAKES, FL 33016 City-St-Zip: MIAMI, FL 33145

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

 Name:
 VELAZQUEZ, HORTENSIA
 Name:
 VELAZQUEZ, VICTOR

 Address:
 8013 OLD CUTLER ROAD
 Address:
 1790 SW 27 AVENUE

 City-St-Zip:
 MIAMI, FL 33143
 City-St-Zip:
 MIAMI, FL 33145

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

 Name:
 ANDREU, LIDYA IVETTE
 Name:

 Address:
 16151 NW 77TH PLACE
 Address:

 City-St-Zip:
 MIAMI LAKES, FL 33016
 City-St-Zip:

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

 Name:
 VELAZQUEZ, VICTOR
 Name:

 Address:
 8013 OLD CUTLER ROAD
 Address:

 City-St-Zip:
 MIAMI, FL 33143
 City-St-Zip:

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: VICTOR VELAZQUEZ VP 01/05/2008