

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000140773

FILED
Feb 08, 2009
Secretary of State

Entity Name: THERAPUTIC MASSAGE BY ARLENE LMT, PA.

Current Principal Place of Business:

7437 COMPTON LN
NEW PORT RICHEY, FL 34655 US

New Principal Place of Business:

5623 US-19
SUITE 302
NEW PORT RICHEY, FL 34652 US

Current Mailing Address:

7437 COMPTON LN
NEW PORT RICHEY, FL 34655 US

New Mailing Address:

P.O. BOX 663
ELFERS, FL 34680 US

FEI Number: 20-5972098

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPRINGER, ARLENE
7437 COMPTON LN
NEW PORT RICHEY, FL 34655 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PRE () Delete
Name: SPRINGER, ARLENE
Address: 7437 COMPTON LN
City-St-Zip: NEW PORT RICHEY, FL 34655 US

Title: VP () Delete
Name: NOREIKA, CONNIE
Address: 143 SADDLE DR
City-St-Zip: FURLONG, PA 18925 US

Title: SEC () Delete
Name: SPRINGER, ARLENE
Address: 7437 COMPTON LN
City-St-Zip: NEW PORT RICHEY, FL 34655 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: SPRINGER, ARLENE
Address: 7437 COMPTON LN
City-St-Zip: NEW PORT RICHEY, FL 34655 US

Title: () Change () Addition
Name:
Address:
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: ARLENE SPRINGER

PRES

02/08/2009

Electronic Signature of Signing Officer or Director

Date