2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000086425

Entity Name: ROYAL TREATMENT OF STUART, INC.

FILED Apr 30, 2009 Secretary of State

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Current Princip	al Place of Business:	New Princip	al Place of Business

1090 JENSEN BEACH BLVD. 925 SW MARTIN DOWNS BLVD

JENSEN BEACH, FL 34957 PALM CITY, FL 34990

Current Mailing Address: New Mailing Address:

1090 NE JENSEN BEACH BLVD. 925 SW MARTIN DOWNS BLVD

JENSEN BEACH, FL 34957 PALM CITY, FL 34990

FEI Number: 20-5517873 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

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

STEVENSON, TERESA G
1090 JENSEN BEACH BLVD.
JENSEN BEACH, FL 34957 US
STEVENSON, TERESA G
925 SW MARTIN DOWNS BLVD
PALM CITY, FL 34990 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: 04/30/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title:

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

 Name:
 STEVENSON, TERESA G
 Name:
 STEVENSON, TERESA G

 Address:
 1090 JENSEN BEACH BLVD.
 Address:
 925 SW MARTIN DOWNS BLVD

City-St-Zip: JENSEN BEACH, FL 34957 City-St-Zip: PALM CITY, FL 34990

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

 Name:
 BURROUGHS, GRADY
 Name:
 BURROUGHS, GRADY

 Address:
 1090 JENSEN BEACH BLVD
 Address:
 925 SW MARTIN DOWNS BLVD

 City-St-Zip:
 JENSEN BEACH, FL 34957
 City-St-Zip:
 PALM CITY, FL 34990

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: TERESA STEVENSON P 04/30/2009