2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2009
Secretary of State

DOCUMENT# P07000095243

Entity Name: OUT OF SIGHT MASSAGE THERAPY INC

Current Principal Place of Business:

5112 LETITIA COURT
TAMPA, FL 33624 US

New Principal Place of Business:

Current Mailing Address:

5112 LETITIA COURT
TAMPA, FL 33624 US

New Mailing Address:

FEI Number: 26-0773607 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

TESTA, PHILIP J SR
4726-B N. LOIS AVE.
TAMPA, FL 33614 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: D ( ) Delete
Name: TORRENS, ALEC
Address: 5112 LETITIA COURT
City-St-Zip: TAMPA, FL 33614

Title: D ( ) Delete
Name: KARP, BETTY
Address: 17803 LAKE CARLTON DR APT C
City-St-Zip: LUTZ, FL 33558 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: ALEC TORRENS D 03/20/2009

Electronic Signature of Signing Officer or Director Date