2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2009
Secretary of State

DOCUMENT# P07000125361

Entity Name: RECOVERY HYPNOTHERAPY INC.

Current Principal Place of Business:

1821 N. MARKET ST.
JACKSONVILLE, FL 32206 US

New Principal Place of Business:

Current Mailing Address:

5108 GANYMEDE DR.
AUSTIN, TX 78727 US

New Mailing Address:

340 TREELINE PARK
628
SAN ANTONIO, TX 78209 US

FEI Number: 26-1543287 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FOELSCHE, OTMAR KARL E JR.
1821 N. MARKET ST.
JACKSONVILLE, FL 32206 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: P ( ) Delete
Name: FOELSCHE, OTMAR KARL E JR.
Address: 5108 GANYMEDE DR.
City-St-Zip: AUSTIN, TX 78727 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: FOELSCHE, OTMAR KARL E JR.
Address: 340 TREELINE PARK APT 628
City-St-Zip: SAN ANTONIO, TX 78209 US

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: KARL FOELSCHE PRES 02/09/2009
Electronic Signature of Signing Officer or Director Date