

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000017479

FILED
Feb 05, 2009
Secretary of State

Entity Name: MOMENTUM THERAPY SOLUTIONS INC

Current Principal Place of Business:

10220 41ST COURT EAST
PARRISH, FL 34219

New Principal Place of Business:

Current Mailing Address:

10220 41ST COURT EAST
PARRISH, FL 34219

New Mailing Address:

FEI Number: 26-1989216

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CAFARELLI, LORI A
10220 41ST COURT EAST
PARRISH, FL 34219 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: CAFARELLI, LORI A
Address: 10220 41ST COURT EAST
City-St-Zip: PARRISH, FL 34219

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: LORI CAFARELLI

P

02/05/2009

_____ Electronic Signature of Signing Officer or Director

_____ Date