

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000041728

FILED
Mar 31, 2009
Secretary of State

Entity Name: CALMING SUN MASSAGE THERAPY INC.

Current Principal Place of Business:

1970 WINDSOR DR
E
NORTH PALM BEACH, FL 33408

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 31345
PALM BEACH GARDENS, FL 33420

New Mailing Address:

FEI Number: 26-2506021

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BUFFARD, BARBARA M
1970 WINDSOR DR
E
NORTH PALM BEACH, FL 33408 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: BUFFARD, BARBARA M
Address: P.O. BOX 31345
City-St-Zip: PALM BEACH GARDENS, FL 33420

Title: VP () Delete
Name: BUFFARD, BARBARA M
Address: P.O. BOX 31345
City-St-Zip: PALM BEACH GARDENS, FL 33420

Title: SEC () Delete
Name: BUFFARD, BARBARA M
Address: P.O. BOX 31345
City-St-Zip: PALM BEACH GARDENS, FL 33420

Title: TR () Delete
Name: BUFFARD, BARBARA M
Address: P.O. BOX 31345
City-St-Zip: PALM BEACH GARDENS, FL 33420

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: BARBARA M BUFFARD

P

03/31/2009

Electronic Signature of Signing Officer or Director

Date