

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P08000044464

**FILED**  
**Jan 10, 2010**  
**Secretary of State**

**Entity Name:** TAILORMADE MASSAGE AND THERAPY, INC.

**Current Principal Place of Business:**

5212 32ND STREET EAST  
BRADENTON, FL 34203

**New Principal Place of Business:**

2426 BEE RIDGE ROAD  
SARASOTA, FL 34236

**Current Mailing Address:**

5212 32ND STREET EAST  
BRADENTON, FL 34203

**New Mailing Address:**

**FEI Number:** 90-0387254      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

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

BIRON, FAITHEA A  
5212 32ND STREET EAST  
BRADENTON, FL 34203      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  
**Name:** BIRON, FAITHEA A  
**Address:** 5212 32ND STREET EAST  
**City-St-Zip:** BRADENTON, FL 34203

I hereby 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 all other like empowered.

SIGNATURE: FAITHEA A. BIRON

P

01/10/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date