

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000046047

FILED
Apr 24, 2009
Secretary of State

Entity Name: ALICIAS THERAPEUTIC MASSAGE, INC.

Current Principal Place of Business:

230 PEPPERMINT WAY
PORT ORANGE, FL 32129 US

New Principal Place of Business:

2090 NOVA RD
B #206
SOUTH DAYTONA, FL 32119 US

Current Mailing Address:

230 PEPPERMINT WAY
PORT ORANGE, FL 32129 US

New Mailing Address:

811 LITTLE TOWN RD.
PORT ORANGE, FL 32127 US

FEI Number: 26-2586613

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KELB, ALICIA C
230 PEPPERMINT WAY
PORT ORANGE, FL 32129 US

Name and Address of New Registered Agent:

KELB, ALICIA C
811 LITTLE TOWN RD.
PORT ORANGE, FL 32127 US

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: ALICIA KELB

04/24/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: KELB, ALICIA C
Address: 230 PEPPERMINT WAY
City-St-Zip: PORT ORANGE, FL 32129 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: KELB, ALICIA C
Address: 811 LITTLE TOWN RD.
City-St-Zip: PORT ORANGE, FL 32127 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: ALICIA KELB

P

04/24/2009

Electronic Signature of Signing Officer or Director

Date