

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000076154

FILED  
Apr 16, 2009  
Secretary of State

Entity Name: THERAPEUTIC MASSAGE ESSENTIALS INC.

## Current Principal Place of Business:

550 HATTAWAY DR.  
APT. # 39  
ALTAMONTE SPRINGS, FL 32701 US

## New Principal Place of Business:

451 NETHERWOOD CRESCENT  
ALTAMONTE SPRINGS, FL 32714 US

## Current Mailing Address:

550 HATTAWAY DR.  
APT. # 39  
ALTAMONTE SPRINGS, FL 32701 US

## New Mailing Address:

451 NETHERWOOD CRESCENT  
ALTAMONTE SPRINGS, FL 32714 US

FEI Number: 26-3205476

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

GUY, CAROLINE E  
550 HATTAWAY DR.  
APT. # 39  
ALTAMONTE SPRINGS, FL 32701 US

## Name and Address of New Registered Agent:

GUY, CAROLINE E  
451 NETHERWOOD CRESCENT  
ALTAMONTE SPRINGS, FL 32714 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: CAROLINE GUY

04/16/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: GUY, CAROLINE E  
Address: 550 HATTAWAY DR. APT. # 39  
City-St-Zip: ALTAMONTE SPRINGS, FL 32701 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: GUY, CAROLINE E  
Address: 451 NETHERWOOD CRESCENT  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714 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: CAROLINE GUY

MS.

04/16/2009

Electronic Signature of Signing Officer or Director

Date