2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000084996

Entity Name: TRINITY YOGA & MASSAGE, INC.

FILED Aug 12, 2009 Secretary of State

Current P	rincipal Place	of Business:	New Principal Place	New Principal Place of Business:	
8332 CRESCENT MOON DRIVE TRINITY, FL 34655			8514 OLD CR 54 NEW PORT RICHEY,	8514 OLD CR 54 NEW PORT RICHEY, FL 34653	
Current M	lailing Addres	ss:	New Mailing Address	New Mailing Address:	
8332 CRESCENT MOON DRIVE TRINITY, FL 34655			8514 OLD CR 54 NEW PORT RICHEY,	8514 OLD CR 54 NEW PORT RICHEY, FL 34653	
FEI Number:	: 26-3329813	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	l Address of (Current Registered Agent:	Name and Address o	Name and Address of New Registered Agent:	
8332 CRE	, CHRISTINA SCENT MOON FL 34655 U				
	e named entity e of Florida.	submits this statement for the	purpose of changing its registered	d office or registered agent, or both,	
SIGNATU	RE:				
Electronic Signature of Registered Agent			gent	Date	
		3(2)(b), F.S., the corporation did r g Trust Fund Contribution ().	not receive the prior notice.		
	S AND DIREC	- ' '	ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	LOWDEN, CH	NT MOON DRIVE	Title: Name: Address: City-St-Zip:	() Change () Addition	

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: CHRISTINA LOWDEN PRES 08/12/2009