2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000101135

Entity Name: THERAPHY ASSOCIATS INC.

WEST PALM BEACH, FL 33415

City-St-Zip:

FILED Feb 02, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 1489 NORTH MILITARY TRAIL SUITE#210 WEST PALM BEACH, FL 33409 **Current Mailing Address: New Mailing Address:** 1489 NORTH MILITARY TRAIL SUITE#210 WEST PALM BEACH, FL 33409 FEI Number: 26-3719220 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CASTRO, MARIA R 109 RICH DR WEST PALM BEACH, FL 33406 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: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition CASTRO, MARIA R Name: Name: 109 RICH DR. Address: Address: City-St-Zip: WEST PALM BEACH, FL 33406 City-St-Zip: Title: Title: () Delete (X) Change () Addition GONZALEZ, PEDRO Name: MESA, ANGELEY Name: 5291 WALLY RD 1704 1/2 N DIXIE HWY Address: Address:

City-St-Zip:

LAKE WORTH, FL 33460

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: MARIA CASTRO P 02/02/2009