## 2011 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P09000022135

Entity Name: TRANSITIONS THERAPY, INC.

FILED Mar 08, 2011 Secretary of State

| Current Principal Place of Business:               |                                  | New Principal Place of Business:          |                                       |
|--|----------------------------------|---|---------------------------------------|
| 7401 S. ARAGON BLVD.<br>#2                         | 00.45                            |   |                                       |
| FT. LAUDERDALE, FL 3                               | 3313                             |   |                                       |
| Current Mailing Address:                           |                                  | New Mailing Address:                      |                                       |
| 7401 S. ARAGON BLVD.<br>#2                         |                                  |   |                                       |
| FT. LAUDERDALE, FL 3                               | 3313                             |   |                                       |
| FEI Number: 26-4426095                             | 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: |                                       |
| AR FINANCIAL SERVICE<br>6191 W ATLANTIC BLVD<br>#8 | •                                |   |                                       |
| MARGATE, FL 33063 U                                | S                                |   |                                       |
| The above named entity s in the State of Florida.  | submits this statement for the p | ourpose of changing its registered        | l office or registered agent, or both |
| SIGNATURE:   |                                  |   |                                       |
| Electron   | ic Signature of Registered Age   | ent                                       | Date                                  |

## **OFFICERS AND DIRECTORS:**

Title:

Name: CHAU, JULIE

Address: 7401 S. ARAGON BLVD. #2 City-St-Zip: FT. LAUDERDALE, FL 33313

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: JULIE CHAU P 03/08/2011

TO whom it may concern.

I had previously gone online and paid 150.50 hade in March but there must of been an error on your end.

Julic Chaw