

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000003867

FILED
Apr 19, 2011
Secretary of State

Entity Name: CYNTHIA KASPER HYPNOTHERAPY, INC.

Current Principal Place of Business:

5104 N. LOCKWOOD RIDGE RD., STE 301
SARASOTA, FL 34234 US

New Principal Place of Business:

5104 N. LOCKWOOD RIDGE RD., STE 207-E
SARASOTA, FL 34234 US

Current Mailing Address:

5104 N. LOCKWOOD RIDGE RD., STE 301
SARASOTA, FL 34234 US

New Mailing Address:

5104 N. LOCKWOOD RIDGE RD., STE 207-E
SARASOTA, FL 34234 US

FEI Number: 27-1689289

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KASPER, CYNTHIA
5789 HELEN WAY
SARASOTA, FL 34243 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: PVST
Name: KASPER, CYNTHIA
Address: 5104 N. LOCKWOOD RIDGE RD., STE 207-E
City-St-Zip: SARASOTA, FL 34234 US

Title: D
Name: KASPER, CYNTHIA
Address: 5104 N. LOCKWOOD RIDGE RD., STE 207-E
City-St-Zip: SARASOTA, FL 34234 US

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: CYNTHIA KASPER

PVST

04/19/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date